

MDS Form Changes Effective October 1, 2014

You must use MDS 3.0 Version 1.12.0 for ARDs on/after October 1, 2014. Release 14.09 allows you to:

- Enter, edit, print and submit Version 1.11.2 if the ARD is *before* October 1, 2014.
- Enter, print and submit Version 1.12.0 if the ARD is *on or after* October 1, 2014.

At the bottom of the printed MDS 3.0, look for the Version number and date:

- For ARDs before October 1, 2014: **Version 1.11.2 Effective 10/01/2013**
- For ARDs on/after October 1, 2014: **Version 1.12.0 Effective 10/01/2014**

The changes: (see the Form Type Legend and form images on the next page).

- **A0310B. PPS Scheduled Assessments for the Medicare Part A Stay**
06. Readmission/return assessment has been removed from all forms.
It has also been removed from the **Correction Request X0600B. PPS Assessment**.
- **A0410: Submission Requirement** has been renamed **Unit Certification or Licensure Designation**.
The responses use language from the RAI manual which clarifies the meaning of each response.
- **A1100A. Does the resident need or want an interpreter to communicate with a doctor or health staff?**
The answers *0. No* and *9. Unable to determine*, now direct you to *Skip to A1200, Marital Status*, skipping **A1100B Preferred Language**. (Feature is already part of the Hi-Tech **Edit MDS** Program.)
- **A1500. Preadmission Screening and Resident Review (PASRR).**
A1510. Level II Preadmission Screening and Resident Review (PASRR) Conditions
These two items the MDS instruct: *Complete only if A0310A = 01, 03, 04, or 05*. Therefore, these items have been removed if A0310A = 02, 06, or 99 (Item sets ND, NOD, NP, NQ, NSD, and NT/ST).
- **A1550. Conditions Related to ID/DD Status** states:
If the resident is 22 years of age or older, complete only if A0310A = 01.
If the resident is 21 years of age or younger, complete only if A0310A = 01, 03, 04, or 05.
Because this item is only required on Comprehensive assessments (NC), it has been removed from form types: ND, NOD, NP, NQ and NSD.
- Items A1600, A1700, and A1800 are grouped under a new heading:
Most Recent Admission/Entry or Reentry into this Facility.
- New item: **A1900. Admission Date (Date this episode of care in this facility began)**
This will automatically populate from the Admit Date in the Edit Medical Record, as does A1600.
- **O0250. Influenza Vaccine.** *Flu season* is now *influenza vaccination season*.
- **O0250B. Date influenza vaccine received** has been added to forms ND, NOD, NSD.
- **Section X.** Each question provides a cue for the required MDS item; for example:
October 2013: X0150. Type of Provider
October 2014: X0150. Type of Provider (A0200 on existing record to be modified/inactivated)

Section S: The states of Maine and California will also have changes to the MDS 3.0 Section S.

See images of these form changes below.

MDS Form Changes Effective October 1, 2014**MDS 3.0 Form Type Legend**

Form Type	A0310A	Description
NC	01, 03, 04, 05	Comprehensive
NQ	02, 06	Quarterly
NP	99	PPS
NS	99	Start of Therapy OMRA
NSD	99	Start of Therapy and Discharge
NO	99	Stand-alone End of Therapy (EOT) and Change of Therapy (COT) OMRA
NOD	99	EOT and Discharge
ND	99	Discharge
NT	99	Entry Tracking or Death in Facility Tracking

Images of the MDS 3.0 form changes**October 2013:****A0410. Submission Requirement**

Enter Code

☐

1. Neither federal nor state required submission
2. State but not federal required submission (FOR NURSING HOMES ONLY)
3. Federal required submission

October 2014: Uses language from the RAI manual to clarify the question and responses.

A0410. Unit Certification or Licensure Designation

Enter Code

☐

1. Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State
2. Unit is neither Medicare nor Medicaid certified but MDS data is required by the State
3. Unit is Medicare and/or Medicaid certified

NOTE: The submission program will continue to look for a checkmark at *Do NOT submit this MDS Assessment* on the Section A screen beneath **0410. Submission Requirement**.

410. Submission Requirement

3 Federal required submission

☐ Do NOT submit this MDS Assessment

MDS Form Changes Effective October 1, 2014**October 2013:****A0310B. PPS Assessment****B. PPS Assessment****PPS Scheduled Assessments for a Medicare Part A Stay**

- 01. **5-day** scheduled assessment
- 02. **14-day** scheduled assessment
- 03. **30-day** scheduled assessment
- 04. **60-day** scheduled assessment
- 05. **90-day** scheduled assessment
- 06. **Readmission/return** assessment

PPS Unscheduled Assessments for a Medicare Part A Stay

- 07. **Unscheduled assessment used for PPS** (OMRA, significant change)

Not PPS Assessment

- 99. **None of the above**

October 2014:Removed **06 Readmission/return** assessment**B. PPS Assessment****PPS Scheduled Assessments for a Medicare Part A Stay**

- 01. **5-day** scheduled assessment
- 02. **14-day** scheduled assessment
- 03. **30-day** scheduled assessment
- 04. **60-day** scheduled assessment
- 05. **90-day** scheduled assessment

PPS Unscheduled Assessments for a Medicare Part A Stay

- 07. **Unscheduled assessment used for PPS** (OMRA, significant change)

Not PPS Assessment

- 99. **None of the above**

October 2013:**A1100. Language**

Enter Code

A. Does the resident need or want an interpreter to communicate with a doctor or health care staff?

- 0. **No**
- 1. **Yes** → Specify in A1100B, Preferred language
- 9. **Unable to determine**

October 2014: added *Skip to A1200, Marital Status* to 0. **No** and 9. **Unable to determine**.**A1100. Language**

Enter Code

A. Does the resident need or want an interpreter to communicate with a doctor or health care staff?

- 0. **No** → Skip to A1200, Marital Status
- 1. **Yes** → Specify in A1100B, Preferred language
- 9. **Unable to determine** → Skip to A1200, Marital Status

MDS Form Changes Effective October 1, 2014**October 2014:**

A1500 and **A1510** state: *Complete only if A0310 = 01, 03, 04, or 05.*

So **A1500** and **A1510** have been removed from form types: ND, NOD, NP, NQ, NSD and NT/ST (A0310A = 02, 06, or 99)

A1500. Preadmission Screening and Resident Review (PASRR)	
Complete only if A0310A = 01, 03, 04, or 05	
Enter Code <input type="checkbox"/>	Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability ("mental retardation" in federal regulation) or a related condition? 0. No → Skip to A1550, Conditions Related to ID/DD Status 1. Yes → Continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions 9. Not a Medicaid-certified unit → Skip to A1550, Conditions Related to ID/DD Status
A1510. Level II Preadmission Screening and Resident Review (PASRR) Conditions	
Complete only if A0310A = 01, 03, 04, or 05	
↓ Check all that apply	
<input type="checkbox"/>	A. Serious mental illness
<input type="checkbox"/>	B. Intellectual Disability ("mental retardation" in federal regulation)
<input type="checkbox"/>	C. Other related conditions

A1550 states: *If the resident is 22 years of age or older, complete only if A0310A = 01.*

If the resident is 21 years of age or younger, complete only if A0310A = 01, 03, 04, or 05.

Because this item is only required on Comprehensive assessments (NC),

it has been removed from form types: ND, NOD, NP, NQ and NSD.

A1550. Conditions Related to ID/DD Status	
If the resident is 22 years of age or older, complete only if A0310A = 01	
If the resident is 21 years of age or younger, complete only if A0310A = 01, 03, 04, or 05	
↓ Check all conditions that are related to ID/DD status that were manifested before age 22, and are likely to continue indefinitely	
ID/DD With Organic Condition	
<input type="checkbox"/>	A. Down syndrome
<input type="checkbox"/>	B. Autism
<input type="checkbox"/>	C. Epilepsy
<input type="checkbox"/>	D. Other organic condition related to ID/DD
ID/DD Without Organic Condition	
<input type="checkbox"/>	E. ID/DD with no organic condition
No ID/DD	
<input type="checkbox"/>	Z. None of the above

MDS Form Changes Effective October 1, 2014

October 2013:

A1600. Entry Date (date of this admission/entry or reentry into the facility)	
	<div> <div>Month</div> <div>Day</div> <div>Year</div> </div>
A1700. Type of Entry	
Enter Code <input type="checkbox"/>	1. Admission 2. Reentry
A1800. Entered From	
Enter Code	01. Community (private home/apt., board/care, assisted living, group home) 02. Another nursing home or swing bed

October 2014: Added a new heading for **A1600**, **A1700** and **A1800**:
Most Recent Admission/Entry or Reentry into this Facility

Most Recent Admission/Entry or Reentry into this Facility	
A1600. Entry Date	
	<div> <div>Month</div> <div>Day</div> <div>Year</div> </div>
A1700. Type of Entry	
Enter Code <input type="checkbox"/>	1. Admission 2. Reentry
A1800. Entered From	
Enter Code	01. Community (private home/apt., board/care, assisted living, group home)

October 2014: New item added to every form.

A1900. Admission Date (Date this episode of care in this facility began)	
	<div> <div>Month</div> <div>Day</div> <div>Year</div> </div>

MDS Form Changes Effective October 1, 2014**October 2013**

O0250. Influenza Vaccine - Refer to current version of RAI manual for current flu season and reporting period	
Enter Code <input type="checkbox"/>	A. Did the resident receive the Influenza vaccine in this facility for this year's Influenza season? 0. No → Skip to O0250C, If Influenza vaccine not received, state reason 1. Yes → Continue to O0250B, Date vaccine received
	B. Date vaccine received → Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date? <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="margin: 0 10px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="margin: 0 10px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> Month Day Year </div>
Enter Code <input type="checkbox"/>	C. If Influenza vaccine not received, state reason: 1. Resident not in facility during this year's flu season 2. Received outside of this facility 3. Not eligible - medical contraindication 4. Offered and declined 5. Not offered 6. Inability to obtain vaccine due to a declared shortage 9. None of the above

October 2014: Changed *flu season* to *influenza vaccination season*.
 Added **O0250 B. Date influenza vaccine received** to form types ND, NOD and NSD.

O0250. Influenza Vaccine - Refer to current version of RAI manual for current influenza vaccination season and reporting period	
Enter Code <input type="checkbox"/>	A. Did the resident receive the influenza vaccine in this facility for this year's influenza vaccination season? 0. No → Skip to O0250C, If influenza vaccine not received, state reason 1. Yes → Continue to O0250B, Date influenza vaccine received
	B. Date influenza vaccine received → Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date? <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="margin: 0 10px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="margin: 0 10px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> Month Day Year </div>
Enter Code <input type="checkbox"/>	C. If influenza vaccine not received, state reason: 1. Resident not in this facility during this year's influenza vaccination season 2. Received outside of this facility 3. Not eligible - medical contraindication 4. Offered and declined 5. Not offered 6. Inability to obtain influenza vaccine due to a declared shortage 9. None of the above

MDS Form Changes Effective October 1, 2014**October 2013**

X0150. Type of Provider	
Enter Code	Type of provider
<input type="checkbox"/>	1. Nursing home (SNF/NF) 2. Swing Bed
X0200. Name of Resident on existing record to be modified/inactivated	
A. First name:	
<input type="text"/>	
C. Last name:	
<input type="text"/>	
X0300. Gender on existing record to be modified/inactivated	
Enter Code	1. Male 2. Female
<input type="checkbox"/>	
X0400. Birth Date on existing record to be modified/inactivated	
<input type="text"/> - <input type="text"/> - <input type="text"/>	
Month Day Year	
X0500. Social Security Number on existing record to be modified/inactivated	
<input type="text"/> - <input type="text"/> - <input type="text"/>	
X0600. Type of Assessment on existing record to be modified/inactivated	
Enter Code	A. Federal OBRA Reason for Assessment
<input type="checkbox"/>	01. Admission assessment (required by day 14)

October 2014: Identifies the MDS item on the existing record

X0150. Type of Provider (A0200 on existing record to be modified/inactivated)	
Enter Code	Type of provider
<input type="checkbox"/>	1. Nursing home (SNF/NF) 2. Swing Bed
X0200. Name of Resident (A0500 on existing record to be modified/inactivated)	
A. First name:	
<input type="text"/>	
C. Last name:	
<input type="text"/>	
X0300. Gender (A0800 on existing record to be modified/inactivated)	
Enter Code	1. Male 2. Female
<input type="checkbox"/>	
X0400. Birth Date (A0900 on existing record to be modified/inactivated)	
<input type="text"/> - <input type="text"/> - <input type="text"/>	
Month Day Year	
X0500. Social Security Number (A0600A on existing record to be modified/inactivated)	
<input type="text"/> - <input type="text"/> - <input type="text"/>	
X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)	
Enter Code	A. Federal OBRA Reason for Assessment
<input type="checkbox"/>	01. Admission assessment (required by day 14)

X0700. Date on existing record to be modified/inactivated - Complete one only	
A. Assessment Reference Date - Complete only if X0600F = 99	
<input type="text"/> - <input type="text"/> - <input type="text"/>	
Month Day Year	
B. Discharge Date - Complete only if X0600F = 10, 11, or 12	
<input type="text"/> - <input type="text"/> - <input type="text"/>	
Month Day Year	
C. Entry Date - Complete only if X0600F = 01	
<input type="text"/> - <input type="text"/> - <input type="text"/>	
Month Day Year	

X0700. Date on existing record to be modified/inactivated - Complete one only	
A. Assessment Reference Date (A2300 on existing record to be modified/inactivated) - Complete only if X0600F = 99	
<input type="text"/> - <input type="text"/> - <input type="text"/>	
Month Day Year	
B. Discharge Date (A2000 on existing record to be modified/inactivated) - Complete only if X0600F = 10, 11, or 12	
<input type="text"/> - <input type="text"/> - <input type="text"/>	
Month Day Year	
C. Entry Date (A1600 on existing record to be modified/inactivated) - Complete only if X0600F = 01	
<input type="text"/> - <input type="text"/> - <input type="text"/>	
Month Day Year	