LTC Online Portal MDS 3.0 and MN/LOC Specification Changes Scheduled for October 1, 2018

Information posted July 13, 2018

The federal Centers for Medicare & Medicaid Services announced changes to the Minimum Data Set (MDS) 3.0, which will be effective on October 1, 2018. The Long Term Care (LTC) Online Portal will change to display the relevant revisions of the MDS 3.0 Comprehensive and Quarterly assessments with an Assessment Reference Date (ARD, A2300) of October 1, 2018, or later. MDS 3.0 assessments with an ARD prior to October 1, 2018, will display in the current format regardless of extraction date.

A small number of these changes will apply to the Medical Necessity and Level of Care (MN/LOC) assessments. These changes will affect only MN/LOCs submitted on October 1, 2018, and after.

This use of the ARD does not alter the HHSC-LTC use of the Entry Date (A1600) as the effective date of MDS 3.0 Admission assessments and the Date Signed as Complete (Z0500b) as the effective date of all other MDS 3.0 assessments.

The following MDS 3.0 Comprehensive and Quarterly assessment fields will be added, deleted or altered:

**Section C Items**

Modified: **C1310B.** B. Inattention – Did the resident have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?

Modified: **C1310C.** C. Disorganized Thinking - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?

Modified: **C1310D.** D. Altered Level of Consciousness - Did the resident have altered level of consciousness, as indicated by any of the following criteria?

**Section I Items**

New Item: **I0020 –** Indicate the resident’s primary medical condition category

Indicate the resident's primary medical condition category that best describes the primary reason for admission.

Complete only if A0310B = 01

01. Stroke
02. Non-Traumatic Brain Dysfunction
03. Traumatic Brain Dysfunction
04. Non-Traumatic Spinal Cord Dysfunction
05. Traumatic Spinal Cord Dysfunction
06. Progressive Neurological Conditions
07. Other Neurological Conditions
08. Amputation
09. Hip and Knee replacement
10. Fractures and Other Multiple Trauma
11. Other Orthopedic Conditions
12. Debility, Cardiorespiratory Conditions
13. Medically Complex Conditions
14. Other Medical Condition if “other medical condition,” enter the ICD code in the boxes.

New Item: I0020A.

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Section J Item

New Item: J2000. Prior Surgery - Complete only if A0310B = 01
Did the resident have major surgery during the 100 days prior to admission?
0. No
1. Yes
8. Unknown

Section M Items

Modified: Section M Intro Note – Report based on highest stage of existing ulcers/injuries at their worst; do not "reverse" stage

Modified: M0100. Determination of Pressure Ulcer/Injury Risk

Modified: M0100A. – A. Resident has a pressure ulcer/injury, a scar over bony prominence, or a non-removable dressing/device

Modified: M0150. Risk of Pressure Ulcers/Injuries
Is this resident at risk of developing pressure ulcers/injuries?

Modified: M0210. Unhealed Pressure Ulcers/Injuries
Does this resident have one or more unhealed pressure ulcers/injuries?
0. No: Skip to M1030, Number of Venous and Arterial Ulcers
1. Yes: Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Modified: **M0300.** Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Modified: **M0300A.** Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues

1. Number of Stage 1 pressure injuries

Deleted: **M0300B3**

Modified: **M0300D1.** 1. Number of Stage 4 pressure ulcers - If 0 Skip to M0300E, Unstageable - Non-removable dressing/device

Modified: **M0300E.** E. Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device

1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device - If 0 Skip to M0300F, Unstageable - Slough and/or eschar
2. Number of these unstageable pressure ulcers/injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry

Modified: **M0300G.** Unstageable - Deep tissue injury:

1. Number of unstageable pressure injuries presenting as deep tissue injury - If 0 Skip to M1030, Number of Venous and Arterial Ulcers
2. Number of these unstageable pressure injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry

Deleted: **M0610**

Deleted: **M0700**

Deleted: **M0800**

Deleted: **M0900**

Modified: **M1200.** Skin and Ulcer/Injury Treatments

Modified: **M1200E.** E. Pressure ulcer/injury care

**Section N Items**

New Item: **N2001.** Drug Regimen Review - Complete only if A0310B = 01
Did a complete drug regimen review identify potential clinically significant medication issues?
0. No - No issues found during review Skip to O0100, Special Treatments, Procedures, and Programs
1. Yes - Issues found during review Continue to N2003, Medication Follow-up
9. NA - Resident is not taking any medications Skip to O0100, Special Treatments, Procedures, and Programs

New Item: **N2003.** Medication Follow-up
Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?
0. No
1. Yes

New Item: **N2005.** Medication Intervention - Complete only if A0310H = 1
Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?
0. No
1. Yes
9. NA - There were no potential clinically significant medication issues identified since admission or resident is not taking any medications

**Section O Items**

Modified: **O0100F.** F. Invasive Mechanical Ventilator (ventilator or respirator)

Modified: **O0100G.** G. Non-Invasive Mechanical Ventilator (BiPAP/CPAP)

* Only applicable for MDS Comprehensive Assessments

For more information, call the Long Term Care Help Desk at 1-800-626-4117, Option 1.