



**Hi-Tech Software Solutions**

# **MDS 3.0 Instructions**

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474-7122

G:\HITECH\Documentation\MDS 3.0 Docs\MDS 3.0 Instructions.doc

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### Where to Find MDS 3.0 Processing

After you install Release 10.08, your **MDS / Care Plan** menus will look like the menus below:

**MDS 3.0 Processing and CAA** documentation tools.

You will complete the CAA (Section V) through **Edit MDS**.

| Clinical: Nursing Care   |   | Date: 09/07/2010           |
|--------------------------|---|----------------------------|
| Admission Procedures     | Scheduling / Pre-Asmnt  | Edit MDS                   |
| Documentation            | ⇒ MDS  | Print MDS                  |
| ⇒ MDS / Care Plans       | Care Plans  | View MDS                   |
| Case Mix                 | MDS Submission  | Print Data Conflict List   |
| QI / QA / Survey Reports | MDS 2.0 Processing  | Print Data Conflict Trends |
| Reporting                | MDS 2.0 Reporting   | Edit Data Conflict Items   |
| Libraries                | MDS 2.0 Misc  | CAA Trigger Test           |
| File Utilities           |   | CAA Indicators             |

### MDS 3.0 Reporting

|                          |   |                                    |
|--------------------------|---|------------------------------------|
| Admission Procedures     | Face Sheet Reporting  | <a href="#">7-Column Worksheet</a> |
| Documentation            | Custom Reporting  | Change Register                    |
| MDS / Care Plans         | Orders  | Activity Log                       |
| Case Mix                 | ⇒ MDS  | Edit List                          |
| QI / QA / Survey Reports | Care Plans  | Correction Policy                  |
| ⇒ Reporting              | Calendar  | Assessment Alert                   |
| Libraries                |   | Key Date List                      |
| File Utilities           |   | Incomplete Sections                |
| 5 - Day Calendar         |   | Medicaid MDS Review                |

### MDS 3.0 Submission

|                          |   |                                       |
|--------------------------|---|---------------------------------------|
| Admission Procedures     | Scheduling / Pre-Asmnt  | <a href="#">Print Case Mix Scores</a> |
| Documentation            | MDS   | Select MDS Records                    |
| ⇒ MDS / Care Plans       | CATs  | Copy Selected Records                 |
| Case Mix                 | Care Plans  | Print Submission Report               |
| QI / QA / Survey Reports | ⇒ MDS Submission  |                                       |

**MDS / Care Plans > MDS >****Edit MDS**

Enter or select the Resident ID.

- When you select an existing resident, MDS 2.0 records will be listed.
- You *cannot* access MDS 2.0 records from this screen.  
To access MDS 2.0 records select: **MDS / Care Plans > MDS 2.0 Processing.**

| Edit MDS Records |            |             |   |                   |          |            |          |     |     |                                       |                        |
|------------------|------------|-------------|---|-------------------|----------|------------|----------|-----|-----|---------------------------------------|------------------------|
| Resident:        |            | 1517        |  | CLARA             | APPLEBEE |            |          |     |     |                                       |                        |
| ##               | ARD        | Reason      | Form  | Status            | Complete | Submit     | Mod-From | Mcr | Mcd | ADL                                   |                        |
| 01               | 07/07/2010 | Sig. Change |   | Submitted MDS 2.0 |          | 07/23/2010 |          | PE1 | PE1 | 16                                    |                        |
| 02               | 06/25/2010 | Quarterly   |   | Submitted MDS 2.0 |          | 07/23/2010 |          | PD2 | PD2 | 13                                    |                        |
| 03               | 03/25/2010 | Annual      |   | Submitted MDS 2.0 |          | 04/16/2010 |          | CB1 | CB1 | 15                                    |                        |
|                  |            |             |   |                   |          |            |          |     |     | <a href="#">Create New Assessment</a> | <a href="#">Cancel</a> |

**Enter a Resident's MDS 3.0**

NOTE: When you create a resident's first MDS 3.0, you start with a *blank* record.  
Previous MDS 2.0 responses will *not* be transferred into the MDS 3.0.

**TIP: Edit MDS** will automatically copy several items from the resident's Face Sheet (**Edit Medical Record**) and your facility's Profiles (under **Libraries > Facility**) into each new MDS 3.0. If these items are completed and correct in the *original* locations, this will save time and help you avoid data entry errors in each new MDS 3.0.

If you manually enter or change these items in an MDS 3.0, the responses will *not* copy over to the *next* new MDS 3.0 for this resident. You will need to enter it again in each new MDS.

To learn which items are copied into each new MDS, see **Crosswalk: Edit Medical Record to the MDS 3.0** on Page [40](#) and **Crosswalk: Libraries to the MDS 3.0** on Page [40](#).

Hi-Tech recommends that you add and change this information in the original locations.

Enter or select the Resident ID. As shown above, previous MDS 2.0 records will be displayed to help you identify which scheduled MDS 3.0 is due next. The sample screen above lists the resident's previous **Significant Change** MDS 2.0. The next scheduled record for this resident would be an MDS 3.0 OBRA **Quarterly**.

NOTE: Our MDS Scheduling Reports will help you determine the first MDS 3.0 that is due for each of your residents. See MDS Scheduling Reports on Page 26.

To enter the next scheduled MDS, at the bottom right corner, click [Create New Assessment](#). This will display the opening screen on which you provide the Assessment Reference Date (ARD) and the Type of Assessment. See the next page.

|   |  |
|---|--|
| Resident: 1517      CLARA      APPLEBEE   |  |
| A2300. Assessment Reference Date: <input type="text" value="10/04/2010"/>   | Default Assessment:  |
| <p>A0310A. Federal OBRA Reason for Assessment / Tracking</p> <ul style="list-style-type: none"> <li><input type="radio"/> 01-Admission assessment (required by day 14)</li> <li><input checked="" type="radio"/> 02-Quarterly review assessment</li> <li><input type="radio"/> 03-Annual assessment</li> <li><input type="radio"/> 04-Significant change in status assessment</li> <li><input type="radio"/> 05-Significant correction to prior comprehensive assessment</li> <li><input type="radio"/> 06-Significant correction to prior quarterly assessment</li> <li><input type="radio"/> 99-Not OBRA required assessment</li> </ul>   | <p>A0310C. PPS Other Medicare Required Assessment - OMRA</p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> 0-No</li> <li><input type="radio"/> 1-Start of therapy assessment</li> <li><input type="radio"/> 2-End of therapy assessment</li> <li><input type="radio"/> 3-Both start and end of therapy assessment</li> </ul>   |
| <p>A0310B. PPS Assessments</p> <p>PPS Scheduled Assessments for a Medicare Part A Stay</p> <ul style="list-style-type: none"> <li><input type="radio"/> 01-5-day scheduled assessment</li> <li><input type="radio"/> 02-14-day scheduled assessment</li> <li><input type="radio"/> 03-30-day scheduled assessment</li> <li><input type="radio"/> 04-60-day scheduled assessment</li> <li><input type="radio"/> 05-90-day scheduled assessment</li> <li><input type="radio"/> 06-Readmission / return assessment</li> </ul> <p>PPS Unscheduled Assessments for a Medicare Part A Stay</p> <ul style="list-style-type: none"> <li><input type="radio"/> 07-Unscheduled assessment used for PPS (OMRA, significant or clinical change, significant correction assessment)</li> <li><input checked="" type="radio"/> 99-Not PPS assessment</li> </ul> | <p>A0310E. Is this assessment the first assessment since the most recent admission    <input type="radio"/> Yes    <input checked="" type="radio"/> No</p> <p>A0310F. Entry / discharge reporting</p> <ul style="list-style-type: none"> <li><input type="radio"/> 01-Entry record</li> <li><input type="radio"/> 10-Discharge assessment-return not anticipated</li> <li><input type="radio"/> 11-Discharge assessment-return anticipated</li> <li><input type="radio"/> 12-Death in facility record</li> <li><input checked="" type="radio"/> 99-Not entry/discharge record</li> </ul> |
|   | <p>Item Subset <input type="text" value="NQ"/></p> <p style="text-align: right;"><input type="button" value="Continue"/>    <input type="button" value="Cancel"/></p>  |

Enter the **A2300. Assessment Reference Date (ARD)** and select the **Type of Assessment**. This will be a *combination of the choices* on the screen.

The **Type of Assessment** determines which items you will answer in the MDS. If you select a *valid combination* for the Type of Assessment, a form code will be displayed at **Item Subset**.

Example 1: On the above screen, the following choices display **Item Subset NQ** for OBRA **Quarterly**:

A0310A  02, A0310B  99, A0310C  0 and A0310F  99

Example 2: for a new Medicare resident, you must still complete a comprehensive **Admission Assessment** for either the **5-day** or **14-day** PPS.

To make the 5-day the Admission Assessment, select:

A0310A (OBRA)  01-Admission and A0310B PPS Assessments  01-5-day.

Item Subset **NC** (comprehensive form).

For the 14-day, you will select: A0310A  99 (not OBRA) and A0310B  02-14-day.

Item Subset **NP** (PPS MPAF form).

**TIP:** Because of shortened completion and submission deadlines, you might consider combining the 5-day and the Admission to allow more time to complete the MDS and the required CAA Summary.

Example 3: to create a Discharge Record (see Note below),

A0310A (OBRA)  99-Not OBRA required and A0310B  99-Not PPS assessment and A0310F.  10-Discharge not Anticipated or  11-Discharge Anticipated.  
 Item Subset  (Discharge form).

NOTE: CMS requires this coding even though a Discharge Record is an OBRA Required assessment. You must complete a Discharge assessment for every resident who is discharged, including for admission to the hospital or other care setting, or for hospital observation greater than 24 hours. This is regardless of whether the facility discharges or formally closes the record.

Example 4: As of 10/01/2010, each time a resident is admitted or re-admitted, you must complete and submit an **Entry Tracking Record (NT)**.

You may *not* combine this with any other assessment type.  
 Make the following selections to create an Entry Tracking Record:

A0310A = 99      A0310B = 99  
 A0310C = 0      A0310E = No (not accessible)  
 A0310F =  01-Entry  
 Item Subset = , Entry Tracking record. See the screen below.

|   |   |
|---|---|
| <p>A0310A. Federal OBRA Reason for Assessment / Tracking</p> <ul style="list-style-type: none"> <li><input type="radio"/> 01-Admission assessment (required by day 14)</li> <li><input type="radio"/> 02-Quarterly review assessment</li> <li><input type="radio"/> 03-Annual assessment</li> <li><input type="radio"/> 04-Significant change in status assessment</li> <li><input type="radio"/> 05-Significant correction to prior comprehensive assessment</li> <li><input type="radio"/> 06-Significant correction to prior quarterly assessment</li> <li><input checked="" type="radio"/> 99-Not OBRA required assessment</li> </ul> <p>A0310B. PPS Assessments</p> <p>PPS Scheduled Assessments for a Medicare Part A Stay</p> <ul style="list-style-type: none"> <li><input type="radio"/> 01-5-day scheduled assessment</li> <li><input type="radio"/> 02-14-day scheduled assessment</li> <li><input type="radio"/> 03-30-day scheduled assessment</li> <li><input type="radio"/> 04-60-day scheduled assessment</li> <li><input type="radio"/> 05-90-day scheduled assessment</li> <li><input type="radio"/> 06-Readmission / return assessment</li> </ul> <p>PPS Unscheduled Assessments for a Medicare Part A Stay</p> <ul style="list-style-type: none"> <li><input type="radio"/> 07-Unscheduled assessment used for PPS (OMRA, significant or clinical change, significant correction assessment)</li> <li><input checked="" type="radio"/> 99-Not PPS assessment</li> </ul> | <p>A0310C. PPS Other Medicare Required Assessment - OMRA</p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> 0-No</li> <li><input type="radio"/> 1-Start of therapy assessment</li> <li><input type="radio"/> 2-End of therapy assessment</li> <li><input type="radio"/> 3-Both start and end of therapy assessment</li> </ul> <p>A0310E. Is this assessment the first assessment since the most recent admission    <input type="radio"/> Yes    <input checked="" type="radio"/> No</p> <p>A0310F. Entry / discharge reporting</p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> 01-Entry record</li> <li><input type="radio"/> 10-Discharge assessment-return not anticipated</li> <li><input type="radio"/> 11-Discharge assessment-return anticipated</li> <li><input type="radio"/> 12-Death in facility record</li> <li><input type="radio"/> 99-Not entry/discharge record</li> </ul> <p>Item Subset <input type="text" value="NT"/></p> <p style="text-align: right;"> <input type="button" value="Continue"/>    <input type="button" value="Cancel"/> </p> |
|---|---|

For *invalid* combinations:

- **Item Subset** will *not* display a form code.
- **Continue** button will be *grayed out* so you cannot continue.

See **Form Types and Assessment Code Combinations** on Page 41 for more details.

**IMPORTANT:** Hi-Tech Support *cannot* provide guidance on coding assessment types. Please learn valid assessment combinations through state-sponsored MDS training, the MDS 3.0 RAI User's Manual, and your state MDS Contacts and Help Desk.

## Entering MDS information

After you select a valid Type of Assessment and click **Continue**, the program will display **Section A. Identification Information**. This screen demonstrates features that you will see throughout the **Edit MDS** program.

| Section A. Identification Information                                       |                               |
|---|-------------------------------|
| 100. Facility Provider Numbers  |                               |
| A. National Provider Identifier (NPI)                                       | 0222555888                    |
| B. CMS Certification Number (CCN)   | 123456                        |
| C. State Provider Number  | 987654321                     |
| 200. Type of Provider   |                               |
|   | 1 Nursing home (SNF/NF)       |
| 310. Type of Assessment   |                               |
| A. Federal OBRA Reason for Assessment                                       | 02 Quarterly                  |
| B. PPS Assessment   | 99 Not PPS                    |
| C. PPS - Other Medicare Required Assessment - OMRA                          | 0 No                          |
| D. Is this a Swing Bed clinical change assessment?                          |                               |
| E. Is this assessment the first assessment since the most recent admission? | 0 No                          |
| F. Entry/discharge reporting  | 99 Not entry/discharge        |
| 410. Submission Requirement   |                               |
|   | 3 Federal required submission |

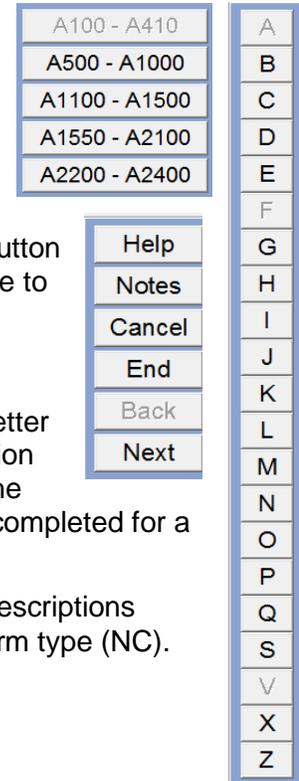
|               |   |
|---------------|---|
| A100 - A410   | A |
| A500 - A1000  | B |
| A1100 - A1500 | C |
| A1550 - A2100 | D |
| A2200 - A2400 | E |
|               | F |
|               | G |
|               | H |
|               | I |
|               | J |
|               | K |
|               | L |
|               | M |
|               | N |
|               | O |
|               | P |
|               | Q |
|               | S |
|               | V |
|               | X |
|               | Z |

|        |
|--------|
| Help   |
| Notes  |
| Cancel |
| End    |
| Back   |
| Next   |

- **Provider Numbers** automatically transfer from your Accounting and Clinical Profiles (under **Libraries > Facility**) These numbers must be accurate.
- **A200 Type of Provider** is “hard-coded” as **1 Nursing Home (SNF/NF)**, and you cannot change the response. Because of this answer, you will not have access to **310D. Is this a Swing Bed clinical change assessment?** (a *Skip* pattern).
- You answered **310 A-C** and **E-F** on the opening screen when you created the record. You can only change the answer at item E. If you discover that the other responses are *not* correct, **End** out of the record and start a new record with the correct coding. Then remove the incorrect record. See instructions for removing an MDS 3.0 on Page 20.
- **410. Submission Requirement** defaults to the response that you will choose most frequently. Change the response if it is not correct for this record, for example some assessments for a Medicare C plan resident.
- When you complete the first MDS 3.0 for an existing resident, you must respond to new questions that might require some initial research: **A1100. Language**, **A1700. Type of Entry** and **A1800 Entered from**. These responses will be transferred to the resident’s next MDS 3.0 if you choose to copy all responses from an existing MDS 3.0 into a new MDS. See Page 21 for more details.

## Navigation Buttons

Each screen includes groups of Navigation buttons (shown on the right) that help you move around the record.



- Each screen displays buttons for the items included on each screen in that Section. See the Section A buttons on right. The button for the displayed screen will be *grayed out*. Click a button to move to that range of items, i.e. click **A1550 – A2100** to see item A1800.
- Click **Back** and **Next** to move sequentially through the screens.
- To move to the first screen in another section, click the Section letter in the column on the right side of the screen. The displayed Section and sections to be skipped will be *grayed out*. For example, on the right, Section A is currently displayed. Sections F and V are not completed for a Quarterly assessment.
- Click **Help** to view descriptions of the items on the screen. The descriptions match those on the printed MDS form for the Comprehensive Form type (NC). Some items might not apply to other form types.
- Click **Cancel** to undo changes not yet saved. Leaving the screen saves all changes.
- Click **Note** to open the **Edit Resident Notes** program so you can add a Note for this Section. See more about Notes on Page 25.
- Click **End** to exit the MDS record. The program will calculate the case mix and RUG scores for the assessment and check it for errors. See Page 17 for more detail.

## Other MDS 3.0 Features

- **Skip Patterns.** The Type of Assessment often determines which items will be answered or skipped. Certain responses will also determine whether you will answer or skip other items. If you encounter an item that is *grayed out* and will not allow you to respond, review the instructions on the MDS form or the RAI manual to see why these items are to be skipped. Example:

**B0700 Makes Self Understood** = 0,1 or 2.

Complete the *Brief Interview for Mental Status* from **C200-C500**.

At **C600**, answer that the resident completed the interview.

The program will *not* allow access to the *Staff Assessment for Mental Status* because the resident has already answered these questions.

- **Case Mix:** Items used to determine Case Mix (RUG IV) scoring are displayed in red:

|  |         |
|--|---------|
| Brief Interview for Mental Status (BIMS)     |         |
| 200. Repetition of Three Words               |         |
| Number of words repeated after first attempt | 3 Three |

RUG III will continue to use the items below that will *not* be displayed in red:

- |  |  |
|--|--|
| I 4300 Aphasia                             | M0300 A. Number of Stage 1 pressure ulcers |
| I 5500 Traumatic Brain Injury (Maine only) | N0300 Injections                           |
| J1550 C. Dehydrated                        | O0600 Physical Examinations                |
| J1500 D Internal Bleeding                  | O0700 Physician Orders changed             |

- **Response Ranges:** The program will limit responses based on related previous responses. Example:

| Symptom Presence | Symptom Frequency |
|------------------|-------------------|
| - Not Assessed   | - Not Assessed    |

If Not Assessed, program input Not Assessed

| Symptom Presence | Symptom Frequency |
|------------------|-------------------|
| 0 No             |                   |
|                  | - Not Assessed    |
|                  | 0 Never or 1 day  |

If No, you can only select from two options.

| Symptom Presence | Symptom Frequency |
|------------------|-------------------|
| 1 Yes            |                   |
|                  | - Not Assessed    |
|                  | 0 Never or 1 day  |
|                  | 1 2-6 days        |
|                  | 2 7-11 days       |
|                  | 3 12-14 days      |

If Yes, you can select all options.

- The program will calculate **Summary Scores** and **Total Severity Scores** after you respond to all items in a question. You need not do the calculations manually.

|                    |    |
|--------------------|----|
| 500. Summary Score | 15 |
|--------------------|----|

- **Section # Complete** (Optional feature). When you complete all the items in a section, you can checkmark it complete. When you return to the assessment, the **Select Starting Section** will indicate which Sections have been marked  Completed. You can then concentrate on the incomplete items. This feature is useful when different persons complete different parts of the MDS.

|  |
|--|
| A100 - A410  |
| A500 - A1000   |
| A1100 - A1500  |
| A1550 - A2100  |
| A2200 - A2400  |
| <input checked="" type="checkbox"/> Section A Complete |

You can select **Reporting > MDS > Incomplete Sections** to list the MDS that still have sections to be completed.

|   |   |                |
|---|---|----------------|
| Select Starting Section                       |   |                |
| <input checked="" type="checkbox"/> Completed | A | Identification |
| <input type="checkbox"/> Completed            | B | Hearing, Spe   |

- **A2400. Medicare Stay:** checkmark  Ongoing if resident receives skilled therapy.

|  |   |
|--|---|
| b. Start date of most recent Medicare stay | 10/15/2010                                  |
| c. End date of most recent Medicare stay   | <input checked="" type="checkbox"/> Ongoing |

This will print dashes on the printed form:

**End date of most recent Medicare stay** - Enter dashes if stay is ongoing:

|       |   |     |   |      |   |   |   |
|-------|---|-----|---|------|---|---|---|
| -     | - | -   | - | -    | - | - | - |
| Month |   | Day |   | Year |   |   |   |

- **Section I. Active Diagnoses, I8000 Additional Active Diagnoses:**  
Click [Reset from Face Sheet](#) to import the resident’s first 10 diagnoses from **Edit Medical Record > Physicians/Diagnoses**. Remove diagnosis already selected at I0100 through I6500, and include only current diagnoses. (This is a good time to move resolved Diagnosis Codes to History in the resident’s Medical Record.)
- **K0200. Height and Weight:** Click [Import Height and Weight](#) to copy in height and weight recorded up to 30 days prior to the ARD (under **Edit Medical Record > Height and Weight**.)

- **None of Above.** On a Comprehensive assessment you can access all responses for an item, including **None of the above**.

Another type of assessment might give access to a subset of these same responses.

If you selected  None in the previous assessment, that response will be cleared so you can select another response.

If you do not select another response, you might not have access to None of the Above. This will not cause a “None” error.

|   |  |
|---|--|
| A. <input type="checkbox"/> Antipsychotic<br>B. <input type="checkbox"/> Antianxiety<br>C. <input type="checkbox"/> Antidepressant<br>D. <input type="checkbox"/> Hypnotic<br>E. <input type="checkbox"/> Anticoagulant<br>F. <input type="checkbox"/> Antibiotic<br>G. <input type="checkbox"/> Diuretic<br>Z. <input checked="" type="checkbox"/> None of the above | A. <input type="checkbox"/> Antipsychotic<br>B. <input type="checkbox"/> Antianxiety<br>C. <input type="checkbox"/> Antidepressant<br>D. <input type="checkbox"/> Hypnotic<br>E. <input type="checkbox"/> Anticoagulant<br>F. <input type="checkbox"/> Antibiotic<br>G. <input type="checkbox"/> Diuretic<br>Z. <input type="checkbox"/> None of the above |
| Comprehensive MDS   | Quarterly MDS  |

- O0250 Influenza and O0300 Pneumococcal Vaccine. If you record residents’ inoculations through the **Documentation > Inoculations** program, click [View Inoculations](#) to display the inoculations that the resident has received.
- O0400. Therapies. If you use the Hi-Tech Software Rehab Therapy, click [Import HTS Therapy](#) to import recorded therapy days and minutes into this section.

- Not Assessed:** This response allows you to complete an assessment for a resident who was in the facility for a few hours or days. Select Not Assessed when there is not a more accurate response. Sometimes you will select  from a drop-down list. Other times you will checkmark a Not Assessed box (below):

|                  |
|------------------|
| Symptom Presence |
| - Not Assessed   |

| <b>Section O. Special Treatments, Procedures, and Programs</b>        |   |   |   |
|---|---|---|---|
| 100. Special Treatments and Programs                                  |   |   |   |
| 1. While NOT a Resident   | 2. While a Resident   | 1. While NOT a Resident   | 2. While a Resident   |
| <input type="checkbox"/> A.<br><input checked="" type="checkbox"/> B. | <input type="checkbox"/> A.<br><input checked="" type="checkbox"/> B. | Not Assessed<br><input checked="" type="checkbox"/> A.<br><input type="checkbox"/> B. | Not Assessed<br><input checked="" type="checkbox"/> A.<br><input type="checkbox"/> B. |
| <b>Cancer Treatments</b>  |   |   |   |
| A. Chemotherapy<br>B. Radiation                                       |   |   |   |

Not Assessed responses will give Warnings on the error list:

|                  |              |         |
|------------------|--------------|---------|
| SECTION 00100 A1 | CONTAINS '-' | WARNING |
| SECTION 00100 A2 | CONTAINS '-' | WARNING |

If there are *only Warnings* on the Error List, you can still print the assessment. Dashes will be printed as the response, as shown below:

|   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| <b>1. While NOT a Resident</b><br>Performed <i>while NOT a resident</i> of this facility and within the <i>last 14 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank<br><b>2. While a Resident</b><br>Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i> | <b>1.<br/>While NOT a Resident</b>  | <b>2.<br/>While a Resident</b>      |
| ↓ Check all that apply ↓  |                                     |                                     |
| <b>Cancer Treatments</b>  |                                     |                                     |
| A. Chemotherapy   | <input type="text" value="-"/>      | <input type="text" value="-"/>      |
| B. Radiation  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

NOTE: Section C0600. Should the Staff Assessment for Mental Status be Conducted?  
 The correct response would be **0-No**, rather than Not Assessed, if the resident was able to complete the BIMS interview.

- Section S. State Assessment.** A state that uses Section S will have its own version. Your Accounting and Clinical Profiles must include the correct state identifier (i.e. ME, VT, NH, PA, IN, etc.) in the address to determine which Section S will be displayed and printed. See Page 39.
- Section V.** This is the **Care Area Assessment (CAA) Summary** required with all Comprehensive Assessments (NC). You will now complete the CAA from within **Edit MDS**. See the next page for more detail on Section V.
- Section X.** Correction Request. See Page 15.
- Section Z.** Assessment Administration. See Page 16.

**Section V. Care Area Assessment (CAA) Summary**

You must complete Section V with each Comprehensive MDS 3.0. Typically, you will not complete the Section V while you enter the MDS, and when you end out of the record you will receive the errors on the right.

If there are no other errors, you can print the MDS, which will give the record a status of **Open-V** meaning that **Section V** is still Open and must be completed and printed before you can submit the MDS.

|                    |            |       |
|--------------------|------------|-------|
| SECTION V0200 A02B | INCOMPLETE | ERROR |
| SECTION V0200 A06B | INCOMPLETE | ERROR |
| SECTION V0200 A07B | INCOMPLETE | ERROR |
| SECTION V0200 A08B | INCOMPLETE | ERROR |
| SECTION V0200 A10B | INCOMPLETE | ERROR |
| SECTION V0200 A11B | INCOMPLETE | ERROR |
| SECTION V0200 A12B | INCOMPLETE | ERROR |
| SECTION V0200 A14B | INCOMPLETE | ERROR |
| SECTION V0200 A16B | INCOMPLETE | ERROR |
| SECTION V0200 A18B | INCOMPLETE | ERROR |
| SECTION V0200 A19B | INCOMPLETE | ERROR |
| SECTION V0200 B2   | INCOMPLETE | ERROR |
| SECTION V0200 C2   | INCOMPLETE | ERROR |

**Research the triggered CAAs**

Research the triggered CAAs to decide if you will proceed or not proceed with care planning.

|                          |                    |                            |
|--------------------------|--------------------|----------------------------|
| Documentation            | ⇒ MDS              | Print MDS                  |
| ⇒ MDS / Care Plans       | Care Plans         | View MDS                   |
| Case Mix                 | MDS Submission     | Print Data Conflict List   |
| QI / QA / Survey Reports | MDS 2.0 Processing | Print Data Conflict Trends |
| Reporting                | MDS 2.0 Reporting  | Edit Data Conflict Items   |
| Libraries                | MDS 2.0 Misc       | CAA Trigger Test           |
| File Utilities           |                    | CAA Indicators             |

- Select **MDS / Care Plans > MDS > CAA Trigger Test** to list the MDS responses that triggered the CATs.

**IMPORTANT:** To print the CAA Trigger Test for an MDS, it must have a status of **Open-V, Printed** or **Completed**, which is displayed in the Status column in the Edit MDS program. This assures that you are researching supporting documentation for a finished assessment. See more about Statuses on Page 22.

| ## | ARD        | Reason             | Form | Status   |
|----|------------|--------------------|------|----------|
| 01 | 10/25/2010 | Start Therapy OMRA | NS   | Complete |
| 02 | 10/22/2010 | Admission - 14 Day | NC   | Open-V   |

- **CAA Indicators** will be available in a future update or Patches. (These are known as RAP Guideline Worksheets under the MDS 2.0.)

Return to the record through **Edit MDS**.

When you select Section V, the program will **Update CATs and Summary Data** (see screen on right).

|                                     |       |
|-------------------------------------|-------|
| <b>Update CATs and Summary Data</b> |       |
| Current Test:                       | 20.01 |

The program first displays Item V100, which imports information from the previous MDS 3.0, if there is one. You cannot change these responses.

**Section V. Care Area Assessment (CAA) Summary**

100. Items From the Most Recent Prior OBRA or Scheduled PPS Assessment

A. Prior Assessment Federal OBRA Reason for Assessment

B. Prior Assessment PPS Reason for Assessment

C. Prior Assessment Reference Date

D. Prior Assessment Brief Interview for Mental Status (BIMS) Summary Score

E. Prior Assessment Resident Mood Interview (PHQ-9) Total Severity Score

F. Prior Assessment Resident Staff Assessment of Resident Mood (PHQ-9) Total Severity Score

V100 is created *once* from the most previous records:

- Remove invalid MDS records so they will not be used to update the next MDS.
- After it is created, V100 will not be updated by changes to the previous record.
- If there is no previous MDS 3.0, this will be blank. It will not cause errors on the error list.

Click **Next** to display the CAA Summary screen.

**Section V. Care Area Assessment (CAA) Summary**

200. CAAs and Care Planning

| A. CAA Results                           | A. Trig                             | B. In CP                 |                          | Notes | Location/Date of CAA Info         | B. N/A                   |
|--|-------------------------------------|--------------------------|--------------------------|-------|-----------------------------------|--------------------------|
|  |                                     | Y                        | N                        |       |                                   |                          |
| 1. Delirium                              |                                     |                          |                          |       |                                   |                          |
| 2. Cognitive Loss/Dementia               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       | See RAP Guideline Worksheet and/c | <input type="checkbox"/> |
| 3. Visual Function                       |                                     |                          |                          |       |                                   |                          |
| 4. Communication                         |                                     |                          |                          |       |                                   |                          |
| 5. ADL Functional/Rehab Potential        |                                     |                          |                          |       |                                   |                          |
| 6. Urinary Incontinence/Indwelling Cath. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       | See RAP Guideline Worksheet and/c | <input type="checkbox"/> |
| 7. Psychosocial Well-Being               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       | See RAP Guideline Worksheet and/c | <input type="checkbox"/> |
| 8. Mood State                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       | See RAP Guideline Worksheet and/c | <input type="checkbox"/> |
| 9. Behavioral Symptoms                   |                                     |                          |                          |       |                                   |                          |
| 10. Activities                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       | See RAP Guideline Worksheet and/c | <input type="checkbox"/> |
| 11. Falls                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       | See RAP Guideline Worksheet and/c | <input type="checkbox"/> |
| 12. Nutritional Status                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       | See RAP Guideline Worksheet and/c | <input type="checkbox"/> |
| 13. Feeding Tube                         |                                     |                          |                          |       |                                   |                          |
| 14. Dehydration/Fluid Maintenance        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       | See RAP Guideline Worksheet and/c | <input type="checkbox"/> |
| 15. Dental Care                          |                                     |                          |                          |       |                                   |                          |
| 16. Pressure Ulcer                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       | See RAP Guideline Worksheet and/c | <input type="checkbox"/> |
| 17. Psychotropic Drug Use                |                                     |                          |                          |       |                                   |                          |
| 18. Physical Restraints                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       | See RAP Guideline Worksheet and/c | <input type="checkbox"/> |
| 19. Pain                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       | See RAP Guideline Worksheet and/c | <input type="checkbox"/> |
| 20. Return to Community Referral         |                                     |                          |                          |       |                                   |                          |

V100

V200

V200 cont

Help

Cancel

End

Back

Next

The triggered CAAs are checked under **A. Trig**.

Under **B In CP** (care plan), you must select either **Y**(es) or **N**(o) or **N/A** (not addressed)

You can click the check box under **Notes** to open the **Edit Resident Notes** screen to enter a CAA note that documents your decision. See Page 25 for more instructions on Notes.

Under Location/Date of CAA Info: the program will display the text selected in your Clinical Profile (screen on the right under **Libraries > Facility**). You can change this entry on the CAA screen.

|  |
|--|
| CAT Summary Default Text<br><input checked="" type="radio"/> See RAP/CAA Guideline Worksheet and/or Notes<br><input type="radio"/> See Supporting Documentation<br><input type="radio"/> See Briggs Forms<br><input type="radio"/> Blank |
|--|

Click **Next** to display V200, the Signature area. Complete this information.

When you **End** out of the record, it will be checked for errors.

If no errors are found, it will display the **Print Form** screen. Select  **All Changed Pages** to print the Section V and any other pages that have not been

|   |
|---|
| <p><b>Section V. Care Area Assessment (CAA) Summary</b></p> <p>200. CAAs and Care Planning</p> <p>B. Signature of RN Coordinator for CAA Process and Date Signed</p> <p><input type="text"/> <input type="text"/></p> <p>C. Signature of Person Completing Care Plan and Date Signed</p> <p><input type="text"/> <input type="text"/></p> |
|---|

printed, or changed since they were printed. This will assign the MDS a **Printed** or **Completed** Status, if applicable, so it can be submitted.

See **Print the MDS 3.0** on page 19.

See **MDS 3.0 Statuses** on Page 22.

**Section X. Correction Request**

Section X is included and printed with every MDS record.

|   |
|---|
| <p><b>Section X. Correction Request</b></p> <p>100. Type of Record <input type="text" value="1"/> <input type="button" value="Add new record"/></p> |
|---|

If this is *not* a Correction Request (Modification or Inactivation), item **X 100. Type of Record** will be coded as **1. Add new record** and you will *not* be able to change it. See page 23 for more information on doing a Correction Request.

**Section Z. Assessment Administration**

Section Z is updated each time you **End** out of the MDS Record so it may *not* be accurate for the changes you have just made to this record.

**IMPORTANT:** You must answer Z100 C. Is this a Medicare Short Stay assessment. Leaving Z 100C blank will cause an error. Answer Z 100C according to the CMS regulations for the Medicare Short Stay.

| <b>Section Z. Assessment Administration</b>                      |                                    |
|--|------------------------------------|
| 100. Medicare Part A Billing                                     |                                    |
| A. Medicare Part A HIPPS code                                    | <input type="text" value="AAA"/>   |
| B. RUG version code  | <input type="text" value="IV-66"/> |
| C. Is this a Medicare Short Stay assessment                      | <input type="text"/>               |
| 150. Medicare Part A Non-Therapy Billing                         |                                    |
| A. Medicare Part A non-therapy HIPPS code                        | <input type="text" value="AAA"/>   |
| B. RUG version code  | <input type="text" value="IV-66"/> |
| 200. State Medicaid Billing (if required by the state)           |                                    |
| A. RUG Case Mix group  | <input type="text"/>               |
| B. RUG version code  | <input type="text"/>               |
| 250. Alternate State Medicaid Billing (if required by the state) |                                    |
| A. RUG Case Mix group  | <input type="text"/>               |
| B. RUG version code  | <input type="text"/>               |
| 300. Insurance Billing   |                                    |
| A. RUG Case Mix group  | <input type="text" value="AAA"/>   |
| B. RUG version code  | <input type="text" value="IV-66"/> |

Complete the final screen in Section Z--items Z 400 and Z500 at which you “sign” and date the form. Enter a name under Signatures. You should also sign the printed Chart Copy.

Click **End** or **Next** to exit the record.

See **When You End out of an MDS** on Page 17.

## When You End out of an MDS

When you end out of an MDS the program will calculate the ADL and the Medicaid and Medicare Case Mix scores.

**Old:** the score prior to any changes just made.

**New:** the score for the existing record.

You can choose to have the record checked for Errors, Warnings and Data Conflicts.

You can then Print the form if it is error free.

See **Print the MDS 3.0** on Page 19.

|  |                                 |            |                 |        |          |
|--|---------------------------------|------------|-----------------|--------|----------|
| ADL Score:   | <input type="text" value="01"/> | CLEO       | PATRA           |        |          |
|  |                                 | 10/13/2010 |                 |        |          |
| Case Mix Scores:   |                                 |            |                 |        |          |
| Medicaid<br>5.20   | Old                             | 15         | RVA- Very High  | 0.000  | Z 0200 A |
|  | New                             | 15         | RVA- Very High  | 0.000  |          |
| Medicare<br>IV-66  | Old                             | 21         | RMA - Rehabilit | 94.000 | Z 0100 A |
|  | New                             | 21         | RMA - Rehabilit | 94.000 |          |
| Medicare<br>IV-66  | Old                             | 56         | BA1 - Behavior/ | 53.000 | Z 0150 A |
|  | New                             | 56         | BA1 - Behavior/ | 53.000 |          |
| <input checked="" type="checkbox"/> Error Check this record<br><input type="checkbox"/> Skip Warnings<br><input checked="" type="checkbox"/> Check for Data Conflicts<br><input type="checkbox"/> Include Exceptions<br><input type="checkbox"/> Edit Data Conflicts<br><input checked="" type="checkbox"/> Print the Form (If Error Free) |                                 |            |                 |        |          |
| <input type="button" value="Continue"/>  |                                 |            |                 |        |          |

If you usually *uncheck* these items each time you end out of the record, you can change the default to be unchecked. See **Changing MDS Defaults** on Page 38.

Click  to proceed.

The program will copy the case mix groups back into the record to Section Z.

## Check for MDS Data Conflicts

Data Conflict Checking allows you to review MDS responses that seem to conflict with each other, even though they are not considered to be errors. The program will list this combination as a conflict so that you can review and confirm that both responses are correct.

Example:    I 5800 Depression (checked)  
               **and** N0400  C. Antidepressant (unchecked)

The program checks for more than 100 conflicting responses, and provides a variety of reporting formats.

This process helps you to locate, verify and correct conflicts that your *surveyors* might find.

It will also help you identify areas to reconsider and report more accurately to *raise your case mix index*.

You can run the data conflict checking from the following selections:

- From the **Edit MDS** program when you end out of a record.
- From the **Print MDS** program when you select pages to be printed.
- From the **MDS / Care Plans > MDS** menu shown on the next page.

|                          |                        |                            |
|--------------------------|------------------------|----------------------------|
| Admission Procedures     | Scheduling / Pre-Asmnt | Edit MDS                   |
| Documentation            | ⇒ MDS                  | Print MDS                  |
| ⇒ MDS / Care Plans       | Care Plans             | View MDS                   |
| Case Mix                 | MDS Submission         | Print Data Conflict List   |
| QI / QA / Survey Reports | MDS 2.0 Processing     | Print Data Conflict Trends |
| Reporting                | MDS 2.0 Reporting      | Edit Data Conflict Items   |
| Libraries                | MDS 2.0 Misc           | CAA Trigger Test           |
| File Utilities           |                        | CAA Indicators             |

**MDS / Care Plans > MDS >**

**Print the Data Conflict List**

Select the MDS records that you want to check for data conflicts, and select the report format. See screen on right.

**Print Data Conflict Trends**

Print a 12-month trend report that lists the number of times a particular conflict has occurred for assessments dated within that month.

Use this report to see that your nursing and data entry staff are responding to data conflicts and changing their assessment and recording methods.

**Edit Data Conflict Items**

In MDS records *already scanned for conflicts*, you can flag specific data conflicts as “**exceptions**”. These items will no longer be listed on data conflict reports unless you choose to  **Include Exceptions**. For example:

- a conflict is an exception for this resident (**Individual**).
- a conflict is an exception for just **This MDS**.
- a conflict is an exception for the entire facility (**Global**).

| <b>Print MDS Data Conflict List</b> |   |
|-------------------------------------|---|
| Report Date                         | <input type="text" value="10/01/2010"/>   |
| Assessment Dates to Print           | <input type="radio"/> All <input checked="" type="radio"/> Range  |
| From:                               | <input type="text" value="10/01/2010"/> Thru: <input type="text" value="10/31/2010"/>   |
| Assessments to Test:                | <input checked="" type="checkbox"/> Open Assessments<br><input checked="" type="checkbox"/> Completed Assessments<br><input type="checkbox"/> Submitted Assessments |
| Information to Print:               | <input type="checkbox"/> Data Conflict List<br><input checked="" type="checkbox"/> Data Conflict Summary<br><input type="checkbox"/> Include Resident Names         |
| Include Exceptions:                 | <input type="checkbox"/> Global<br><input type="checkbox"/> Individual Resident<br><input type="checkbox"/> Individual Assessment                                   |

**MDS / Care Plans > MDS**

**Print the MDS 3.0**

**NOTE:** You can also print an MDS from **Edit MDS** when you end out of the record, if the record has no errors. Warnings will not stop an MDS from being printed.

Select the resident and the MDS. This will display the pages for that Type of Assessment.

**IMPORTANT:**

To mark an MDS as **Printed** or **Complete** and ready for submission, you **must** select either: All Pages or All Changed Pages\*.

Selecting individual pages will **NOT** prepare an MDS for submission.

Click **Ok**.

The program will allow you to select another resident and MDS and display your selections under:

| RESIDENTS SELECTED: |            |    |
|---------------------|------------|----|
| 321                 | 12/01/2010 | NQ |
| 8910                | 08/05/2010 | NC |

When you have no more selections, click **Print**.

**\*All Changed Pages**

If you have not yet printed an MDS,

this choice will print the entire record and mark the record **Printed** or **Complete**.

If you change a printed record, this changes the Printed or Complete status back to **Open**.

Select All Changed Pages to print just the pages that have been changed and replace the original pages in the chart copy. This will change the status back to Printed or Complete.

To reprint the entire record, choose All Pages.

You can only submit MDS with a Complete status. See

**Auto-Complete Printed MDS 3.0 on Page 22.**

To print a blank form that you can use to gather responses on paper, click the **BLANK** button.

Specify the number of copies and the Type of Assessment. Click **Ok**.

**Print MDS Forms**

Resident ID  JULIA DARLING

| ARD                                 | Reason    | Form | Status |
|-------------------------------------|-----------|------|--------|
| <input type="checkbox"/> 12/01/2010 | Quarterly | NQ   | Open   |

|  |  |
|--|--|
| <input type="checkbox"/> All Pages<br><input checked="" type="checkbox"/> All Changed Pages<br><input checked="" type="checkbox"/> Print MDS Notes | <input type="checkbox"/> HCFA Roster/QIs<br><input type="checkbox"/> Data Conflict Report<br><input type="checkbox"/> Print Risk of Mortality Report |
|--|--|

|   |  |
|---|--|
| <input type="checkbox"/> Page 1 - A0100-A0310<br><input type="checkbox"/> Page 2 - A0410-A1100<br><input type="checkbox"/> Page 3 - A1200-A1700<br><input type="checkbox"/> Page 4 - A1800-A2400<br><input type="checkbox"/> Page 5 - B0100-B1200<br><input type="checkbox"/> Page 6 - C0100-C0500<br><input type="checkbox"/> Page 7 - C0600-C1600<br><input type="checkbox"/> Page 8 - D0100-D0350<br><input type="checkbox"/> Page 9 - D0500-D0650<br><input type="checkbox"/> Page 10 - E0100-E0900<br><input type="checkbox"/> Page 11 - G0110-G0110<br><input type="checkbox"/> Page 12 - G0120-G0600<br><input type="checkbox"/> Page 13 - H0100-H0500<br><input type="checkbox"/> Page 14 - I0200-I5600<br><input type="checkbox"/> Page 15 - I5700-I8000<br><input type="checkbox"/> Page 16 - J0100-J0600<br><input type="checkbox"/> Page 17 - J0700-J1550 | <input type="checkbox"/> Page 18 - J1700-J1900<br><input type="checkbox"/> Page 19 - K0100-L0200<br><input type="checkbox"/> Page 20 - M0100-M0300D<br><input type="checkbox"/> Page 21 - M0300E-M0800<br><input type="checkbox"/> Page 22 - M0900-M1200<br><input type="checkbox"/> Page 23 - N0300-N0400<br><input type="checkbox"/> Page 24 - O0100-O0300<br><input type="checkbox"/> Page 25 - O0400-O0400C<br><input type="checkbox"/> Page 26 - O0400D-O0700<br><input type="checkbox"/> Page 27 - P0100-P0100<br><input type="checkbox"/> Page 28 - Q0100-Q0600<br><input type="checkbox"/> Page 29 - X0100-X0600C<br><input type="checkbox"/> Page 30 - X0600D-X1050<br><input type="checkbox"/> Page 31 - X1100-X1100<br><input type="checkbox"/> Page 32 - Z0100-Z0300<br><input type="checkbox"/> Page 33 - Z0400-Z0500<br><input type="checkbox"/> Section S |
|---|--|

How Many Copies?

Type of Assessment

- NC - Comprehensive
- NQ - Quarterly
- NP - PPS
- NO - OMRA
- NOD - OMRA Discharge
- NS - OMRA Start of Therapy
- NSD - OMRA - Start of Therapy and Discharge
- ND - Discharge
- NT - Tracking

**MDS / Care Plans > MDS > Edit MDS**

**How to Remove an MDS 3.0**

If you have created an MDS that you do not need to complete and submit, or you created an MDS with the wrong type of assessment codes, you can remove it.

| ##                                     | ARD        | Reason               | Form | Status |
|--|------------|----------------------|------|--------|
| <input checked="" type="checkbox"/> 01 | 08/14/2010 | Start of Therapy OMR | NS   | Open   |

- Select the MDS, and on the next screen, click **Remove**.  
At **Do you wish to delete this record?** Click **Yes**.
- If the record has been submitted and **rejected**, on the following screen select **Rejected** and click **OK**.

| ## | ARD        | Reason    | Form | Status    | Date-Sub   | Modify |
|----|------------|-----------|------|-----------|------------|--------|
| 02 | 08/14/2010 | Admission | NC   | Submitted | 08/20/2010 |        |

WARNING: This record has already been flagged as submitted!

Reason for Edit:

- Rejected - Submission was rejected
- Modify - Submitted record contains errors
- Inactivate - Inactivate a submitted record

**MDS / Care Plans > MDS > Edit MDS**

**Create the Resident's Next MDS 3.0**

In **Edit MDS**, select the resident and click **Create New Assessment** at the lower right corner. This will display the screen below:

| ## | ARD        | Reason    | Form | Status | Complete | Submit |
|----|------------|-----------|------|--------|----------|--------|
| 01 | 12/01/2010 | Quarterly |      |        |          |        |
| 02 | 09/14/2010 | Admission |      |        |          |        |
|    |            |           |      |        |          |        |
|    |            |           |      |        |          |        |
|    |            |           |      |        |          |        |
|    |            |           |      |        |          |        |
|    |            |           |      |        |          |        |
|    |            |           |      |        |          |        |
|    |            |           |      |        |          |        |
|    |            |           |      |        |          |        |
|    |            |           |      |        |          |        |
|    |            |           |      |        |          |        |

HTS-MD20 Edit MDS Records

There are 2 ways to create a new assessment. STOP

1. Choose an assessment # from the Drop Down Box to use as the default.

01 ▾

2. Click on 'Blank Assessment' to complete all responses.

Option 1: Copy responses from an existing MDS 3.0 into the new assessment.  
 In the drop down box, select the number of the assessment listed on the screen behind the blue pop-up screen. This will copy many of the previous responses into the new record. Review each item to verify that the response has no changes.

With MDS 3.0 Subsets, only the completed responses will pull forward from the selected assessment into the new assessment. So, if you select an NP form (PPS), only the NP responses will pull into the new assessment.

Option 2: To start the new MDS as a blank assessment without prior MDS responses.

*Both* options will import several items from the resident's face sheet and your facility libraries when you create a new record. See Page 40 for a list of these items.

## MDS 3.0 Statuses

|                                  |   |
|----------------------------------|---|
| <b>Open</b>                      | Complete and print the MDS so you can submit it.  |
| <b>Open (V)</b>                  | Complete and print Section V (Care Area Assessment) so you can submit the MDS.  |
| <b>Printed</b>                   | Record is printed. You must identify it as Complete so it can be submitted. See more below. See <b>Auto-Complete Printed MDS 3.0</b> below.   |
| <b>Complete</b>                  | Record is ready to be submitted. See more below   |
| <b>Submitted</b>                 | MDS was submitted on the date in the Submit column. No action required unless the MDS was rejected or a Modification or Inactivation is needed.   |
| <b>Submitted-Modified</b>        | MDS was submitted and now you want to modify it. You cannot access this record. Make changes through the Open-Modification Request record.  |
| <b>Open-Modification Request</b> | You chose to modify a submitted MDS (see <b>Submitted Modified</b> above), and this is a copy of that record that you will change, complete Section X, and resubmit. Print it to give it a <b>Complete-</b> or <b>Printed-Modification Request</b> status. When submitted it will be given a <b>Submitted- Modification Request</b> status. |
| <b>Submitted-Inactivate</b>      | You chose to inactivate a Submitted MDS. You cannot access this record. Complete Section X in the <b>Open-Inactivation Request</b> record.  |
| <b>Open-Inactivation Request</b> | You chose to inactivate a submitted MDS. This is the copy in which you will complete Section X, and then print and submit the record.   |

### Auto-Complete Printed MDS 3.0

**IMPORTANT:** You can submit only those MDS that have a **Complete** status.

- In **Libraries > Facility > Clinical Profile**,  **Auto-complete Printed MDS 3.0** will be checked. When you *print* an MDS, the program will mark it as **Complete** so it can be submitted.
- If you want more control over MDS records to be marked as **Complete**, you can *uncheck* that item in the Clinical Profile. When you print an MDS it will be given a **Printed** status. When you consider the MDS complete and ready to submit, in **Edit MDS** you must select the MDS and click **Complete** to give it a **Complete** Status.
- When you select records for submission, only the records tagged at **Complete** will be selected for submission.

**Print MDS** defaults to  **All Changed Pages** which will assign a Printed or Complete status to the printed MDS.

You can also select  **All Pages** to assign a Printed or Complete status.

Selecting individual pages will *not* assign the Printed or Complete status, and an Open record will remain open.

Also see **Print the MDS 3.0** on Page 19.

**MDS / Care Plans > MDS > Edit MDS**

**Section X: Corrections**

If a record is *Rejected* due to error, or you want to *Modify* or *Inactivate* a submitted record, in **Edit MDS**, select the Submitted MDS.

| ## | ARD        | Reason    | Form | Status    | Date-Sub   | Modify-From |
|----|------------|-----------|------|-----------|------------|-------------|
| 02 | 10/05/2010 | Admission | NC   | Submitted | 10/15/2010 |             |

WARNING: This record has already been flagged as submitted!

Reason for Edit:  Rejected - Submission was rejected  
 Modify - Submitted record contains errors  
 Inactivate - Inactivate a submitted record

**Rejected-Submission was rejected:** use this option if:

- a. MDS was rejected due to Fatal Error(s). Correct the error(s) and resubmit the record.
- b. MDS was *not* submitted and you want to change the record before submitting it, or remove it from your files. This will give the MDS an **Open** status. Make the changes and re-process the CAA Summary if necessary. Print **All Changed Pages**. When you copy the record to the submission folder, it will be given a new Submit Date.

**Modify a Submitted Record**

**Modify-Submitted record contains errors.** The MDS was submitted and *accepted* by CMS, but it contains wrong information that you want to correct and re-submit. This gives the original record a **Submitted-Modified** status and creates a new record with the same ARD and **Open-Modification Request** status. You cannot access the original record.

|           |    |                           |
|-----------|----|---------------------------|
| Admission | NC | Open-Modification Request |
| Admission | NC | Submitted-Modified        |

In the Open record, make the necessary corrections and complete Section X.  
 Note that **100. Type of Record = 2 Modify existing record**.

| <b>Section X. Correction Request</b> |                          |
|--------------------------------------|--------------------------|
| 100. Type of Record                  | 2 Modify existing record |

Complete **900. Reasons for Modification** and **1100 RN Assessment Coordinator Attestation of Completion**.

Print  **All Changed Pages** of the Modification.  
 This will change the status to Printed or Complete-Modification Request.  
 Submit it through normal submission steps.

See more about Printed vs. Complete on Page 22.

**Inactivate a Submitted Record**

Ⓞ **Inactivate-Inactivate a submitted record.** The MDS was submitted and *accepted* by CMS, and you want to *inactivate* that record in the CMS system. This gives the original record a status of **Submitted-Inactivate** and creates an **Open-Inactivation Request** record.

|                |    |                           |
|----------------|----|---------------------------|
| Medicare 5 Day | NP | Open-Inactivation Request |
| Medicare 5 Day | NP | Submitted-Inactivated     |

Complete Section X in the Open record.

At Section X, note that **100. Type of Record = 3 Inactivate existing record.**

|                     |                              |
|---------------------|------------------------------|
| 100. Type of Record | 3 Inactivate existing record |
|---------------------|------------------------------|

Complete **1050. Reasons for Inactivation** and **1100 RN Assessment Coordinator Attestation of Completion.**

Select **All Changed Pages** to print the Correction Request.

This will change its status to Printed- or Complete-Inactivation Request.

Submit the record through normal MDS submission.

See more about Printed vs. Complete on Page 22.

### MDS 3.0 Notes

There are two ways to create MDS Notes:

1. On an MDS screen, click the **Notes** button.
2. On the Section V. CAA screen check the box  in the **Notes** column for a triggered CAA.

The Note will be identified by the MDS ARD and Section or CAA.

Enter the note at **Add Note**. Click **OK** to record the note.

The program will ask if you want to lock the note so it cannot be changed. You can leave it unlocked so you can make changes, and lock it later. Submitting the MDS will lock the note.

You can print the Notes when you print the MDS for the chart. You can also access and print Notes through **Edit Medical Record > Notes** or **Documentation > Notes**.

Finish the note and click **OK**, **End** or **Cancel** to return to the prior MDS screen.

To copy text from a previous Note:

1. Click the binocular icon under Existing Notes to list existing Notes (on right).
2. Select the note you want to copy to display it.
3. Click **Copy Text**. This will copy the text to the Add Note area where you can edit it.

| Start Date | Date       | Time  | User | Type  | ARD        | Subset | Pg | Cmpit                               | Text  |
|------------|------------|-------|------|-------|------------|--------|----|-------------------------------------|---|
| 08/27/2010 | 08/27/2010 | 11:58 | HTS* | MDS A | 10/13/2010 | NC     | 1  | <input checked="" type="checkbox"/> | Cleo has been readmitted from the hospital after suffering a stroke |

MDS / Care Plans >

MDS > Scheduling

Medicare

When you create a Stay Record for a Medicare or other insurance PPS stay, this creates a schedule of required MDS records based on admit date and number of days available.

| Print Medicare MDS Schedule Review |   |
|------------------------------------|---|
| Assessment Dates to Print          | <input type="radio"/> All <input checked="" type="radio"/> Range                |
| From:                              | 10/01/2010 Thru: 12/31/9999   |
| Assessment Types to Print          | <input checked="" type="radio"/> Scheduled <input type="radio"/> Completed      |
| Insurances to Print                | <input checked="" type="radio"/> Medicare Only <input type="radio"/> All Payors |

This Medicare scheduling report will help you track the completion of MDS required for PPS billing. As you print these MDS, they update the Stay Table with the MDS date and type of assessment. When you submit the MDS, RUG rates will update the stay table, making this information ready to include on PPS billing.

IMPORTANT: Only residents with Stay Table records and MDS schedules will be included. Print  Scheduled or  Completed. Use From and Thru dates that match the billing period.

Scheduled (Due to be completed)

| DATES: 08/30/2010 - 12/31/9999 - MEDICARE ASSESSMENT SCHEDULE REVIEW - (Due) HTS-MD66 PAGE: 1 |         |                        |                       |          |                 |         |     |         |   |       |   |
|---|---------|------------------------|-----------------------|----------|-----------------|---------|-----|---------|---|-------|---|
| Resident  | Day     | Observation Period     | ---- Days Covered     | --- Days | Therapy Charges |         |     | Optimum |   | Ins   |   |
|   |         |                        |                       |          | Days            | Minutes | --- | Start   |   |       |   |
|   |         |                        |                       |          | PT              | OT      | ST  |         |   |       |   |
| 234   | N DREW  | 05 10/01/10-10/05/2010 | 10/01/2010-10/14/2010 | 14       | 0               | 0       | 0   | 0       | 0 | ***** | 4 |
| 234   | N DREW  | 14 10/11/10-10/14/2010 | 10/15/2010-10/30/2010 | 16       | 0               | 0       | 0   | 0       | 0 | ***** | 4 |
| 234   | N DREW  | 30 10/21/10-10/29/2010 | 10/31/2010-11/29/2010 | 30       | 0               | 0       | 0   | 0       | 0 | ***** | 4 |
| 234   | N DREW  | 60 11/19/10-11/28/2010 | 11/30/2010-12/29/2010 | 30       | 0               | 0       | 0   | 0       | 0 | ***** | 4 |
| 234   | N DREW  | 90 12/19/10-12/28/2010 | 12/30/2010-01/08/2011 | 10       | 0               | 0       | 0   | 0       | 0 | ***** | 4 |
| 1234  | C PATRA | 30 10/21/10-10/29/2010 | 10/31/2010-11/29/2010 | 30       | 0               | 0       | 0   | 0       | 0 | ***** | 4 |
| 1234  | C PATRA | 60 11/19/10-11/28/2010 | 11/30/2010-12/29/2010 | 30       | 0               | 0       | 0   | 0       | 0 | ***** | 4 |
| 1234  | C PATRA | 90 12/19/10-12/28/2010 | 12/30/2010-01/08/2011 | 10       | 0               | 0       | 0   | 0       | 0 | ***** | 4 |

The Medicare MDS scheduling report will not consider the payment issue of an MDS 2.0 assessment not paying for days in October. To maximize reimbursement on an individual basis, CMS suggests you consider the 3 options below for residents with Medicare A or Medicare C.

- Use grace days when appropriate and do a 3.0 in October to cover days in September.
- Do a second assessment so you have a 2.0 and 3.0 that cover days for a specific period of time.
- Accept the default rate for October days until the next 3.0 assessment is scheduled.

See Completed version on the next page.

**Completed**

| DATES: 08/30/2010 - 12/31/9999 - MEDICARE ASSESSMENT COMPLETED REVIEW - (Completed) HTS-MD66 PAGE: 1 |         |                |                |                |      |          |      |     |                    |    |    |                 |    |     |    |     |   |   |   |   |   |   |
|--|---------|----------------|----------------|----------------|------|----------|------|-----|--------------------|----|----|-----------------|----|-----|----|-----|---|---|---|---|---|---|
| Resident   | Day     | Observ. Period | Days Covered   | Days Act       | Star | CM Cat   | Rea- |     | Assessment Therapy |    |    | Therapy Charges |    |     |    |     |   |   |   |   |   |   |
|  |         |                |                |                |      |          | A    | B   | ADL                | PT | OT | ST              | PT | OT  | ST |     |   |   |   |   |   |   |
| 1234   | C PATRA | 05             | 10/01-10/05/10 | 10/01-10/14/10 | 14   | 10/05/10 | 12   | RUA | 99-01              | 01 | 5  | 375             | 5  | 300 | 5  | 412 | 0 | 0 | 0 | 0 | 0 | 4 |
| 1234   | C PATRA | 14             | 10/11-10/14/10 | 10/15-10/30/10 | 16   | 10/13/10 | 21   | RMA | 01-02              | 01 | 5  | 375             | 5  | 300 | 5  | 412 | 0 | 0 | 0 | 0 | 0 | 4 |
| (* Day does not match AA8b or A310B)   |         |                |                |                |      |          |      |     |                    |    |    |                 |    |     |    |     |   |   |   |   |   |   |
| Total Days: 30   |         |                |                |                |      |          |      |     |                    |    |    |                 |    |     |    |     |   |   |   |   |   |   |

**\*Day does not match AA8b or A310B** identifies an MDS with a type of assessment *outside* the required Observation period. For example a 30-day with an ARD in the 14- or 60-day Observation Period date range.

**MDS / Care Plans > MDS > Scheduling/ Pre-Asmnt >**

**Other Payers**

Use this program to print a list of *non-Medicare* and non-PPS MDS records that are due.

Print this listing *at least once a week--* it can change from day to day as records are completed, and as residents are admitted and discharged, or have a significant change in status.

**IMPORTANT:** If the list includes a resident who is no longer in the facility, verify that the resident has a discharge date on the Demographics screen of **Edit Medical Record**. Verify that you have completed a Discharge Assessment for the resident.

**Print MDS Assessments Due List**

Report Date:

Due Thru Date:

Skip Assessments in Process

Include Medicare Stays

Nursing Levels Only (1+2)

Sort by Unit      Individual Unit:  

Sort by Date

The **Report Date** will print at the top of the report. It is not used to select records.

**Due Thru Date:** the date for which assessments should be completed.

To include MDS that are due and already started, uncheck **Skip Assessments in Process..**

To include Medicare residents check **Include Medicare Stays**. This will include the next assessment due for this resident, based on the OBRA schedule.

If you leave this item *unchecked* and Medicare residents are included, verify that you have an accurate Medicare Stay Table record for the resident, and that you have completed all required Medicare assessments. If you want a listing of Medicare and PPS Assessments that are due, print the **Medicare** report described on Page 26.

To include residents whose face sheet codes at Level of Care *other than 1 and 2* uncheck **Nursing Levels Only (1+2)**.

You can **Sort by Unit** and select a specific unit.

Or **Sort by Date** (Next Assessment due date). Click **Print**. Continue on next page.

**NOTE: The report will not reference assessments that are over one year old**

**New Admits.** If a new admit does not have an existing assessment, the program schedules the Admission assessment 13 days after the Admit date in the resident's face sheet record. If your Clinical and Resident Billing Systems are integrated, the resident might not be listed until after the census program has been run to input admit dates.

**Existing residents:** The program looks at each resident's existing MDS records and finds the most recent Complete MDS. Within the most recent record, the program finds the Assessment Reference Date (or MDS 2.0 R2b) and calculates the **Next Asmnt Due Date** using the **Quarterly Review Days** recorded in the Facility Profile-Clinical record. See Page 39.

If the three most recent assessments are quarterly records, the next assessment scheduled will be an Annual.

**Discharges:** If the most recent record is a *Discharge--Return Not Anticipated*, the resident will not be included on the list.

If the most recent record is *Discharge--Return Anticipated* the next Assessment Reason will be listed as an *Entry Tracking Record* (or MDS 2.0 Re-entry).

The Re-entry/Entry suggestion will be dropped from the report 30 days after the discharge date.

**In Process:** If the program finds that a new assessment has already been started before the Due Date, the **Next Asmnt** column will provide the Type of Assessment and the Assessment Date. The **Comments** column will indicate **In Process**.

- Program will calculate next assessment date based on the ARD in the previous record depending on the type of assessment (in the MDS 2.0: R2b and VB2). Examples:
  - Annual: ARD of previous OBRA comprehensive plus 366 days. (MDS 2.0: VB2 + 366)
  - Quarterly: ARD of previous OBRA assessment plus 92 days. It will use the **Libraries > Facility > Clinical Profile > Quarterly Review Days** entry to schedule quarterly assessments. The default is 90 days and you can change it if you want to schedule the quarterly earlier.
- The report will also alert you if an annual is due within 30 days of the next suggested quarterly date, and if the next suggested quarterly is the 4<sup>th</sup>, 5<sup>th</sup> or 6<sup>th</sup> quarterly.
- If the reason is a Quarterly MDS, the Next Annual Due date will be printed in the Comment column.
- If there is a Discharge Date in a resident's face sheet, and you have not completed a Discharge Assessment, this resident will be listed as requiring that record as the Next Assessment.

|   |
|---|
| <p><b>IMPORTANT: MDS 3.0 scheduling is based on ARD to ARD.<br/>This is different from the MDS 2.0.</b></p> |
|---|

## MDS Reporting and Tracking

### Reporting > MDS >

The 7-Column Worksheet will be available at a future date.

#### Change Register

Print this report to review changes in responses from one MDS to another and changes within an MDS.

There are several sort and selection options so you can limit the records you want to review.

As you create several MDS 3.0 subsets, the change register will accumulate changes. You can purge older changes through **File Utilities > Purges > MDS Change Register**. We suggest you purge through a date at least one year ago so you don't lose change records you might want to review. This does NOT delete MDS records.

#### Activity Log

Review which users access which residents' MDS 3.0 records and at what time of day. Removed MDS records will be identified.

**Edit List** (see next page)

#### Correction Policy

Print the RUG and Case Mix Scores of MDS records that have been Modified or Inactivated. Use this information to make corrections for billing.

#### Assessment Alert

List residents and MDS records that need your attention.

**Enter Alert Date:** check MDS records with Assessment dates up through this date.

Select  **Include Assessments flagged as Do Not Submit** to check MDS that are coded with a 2 or 3 at A0410. Submission Requirement.

This report will identify the following conditions:

- **Not Printed (Chart Copy):** Open records that have not been printed, or were printed and changed, and the changed pages have not been printed. To complete and submit any of these records, you must print  All Changed Pages.
- **Not Printed (Sec V only):** The MDS has been printed but the required Section V (CAA) is not printed. This record is still Open and cannot be submitted. Finish and print the CAA to make the MDS ready for submission.
- **90 Day Alert:** The most recent MDS for this resident is *not* a Discharge form, and the Assessment Reference Date on the record is approaching or beyond 90 days old. A non-Medicare resident is probably due for the next assessment.
- **14 Day Alert:** This Completed record has not been *submitted* and it is near or beyond the submission deadline date.
- New Residents who do not have an assessment started yet

**NOTE:** This program will not list assessments that are over one year old.

### 7-Column Worksheet

Change Register

Activity Log

Edit List

Correction Policy

Assessment Alert

Key Date List

Incomplete Sections

Medicaid MDS Review

**Edit List**

**M362**

Select Report Option

**Most Recent Complete MDS:** The most recent *printed* record for each resident.

**Incomplete MDS List:** Open MDS records that must be finished and printed before they can be submitted.

**Not Changed Since List:** Printed MDS records with ARDs before the date that you enter at List Active Residents that have not had an Assessment Since. If you enter a date that is 3 months old, this will list residents now due for OBRA assessments.

**MDS not Printed List:** Open MDS records that must be printed before they can be submitted.

**BIMS (Brief Interview for Mental Status) List:** residents' most recent BIMS score, and the previous score when available. Example below: 13/13 for current and previous assessments.

**Print MDS Lists**

Select Report Option  Most Recent Printed MDS  
 Incomplete MDS List  
 Not Changed Since List  
 MDS's not Printed List  
 BIMS (Brief Interview for Mental Status) List  
 All Printed List  
 Current MDS with RUG Weight & ADL  
 Discharge Tracking Exceptions List

---

Assessment Dates to Print  All  Range

From:  Thru:

---

Include Discharge Residents  Yes  No

---

Select MDS Item Sets

|   |  |
|---|--|
| <input checked="" type="checkbox"/> NC (Comprehensive)                        | <input checked="" type="checkbox"/> NQ (Quarterly)       |
| <input checked="" type="checkbox"/> ND (Discharge)                            | <input checked="" type="checkbox"/> NP (PPS)             |
| <input checked="" type="checkbox"/> NO (OMRA)                                 | <input checked="" type="checkbox"/> NT (Tracking)        |
| <input checked="" type="checkbox"/> NS (OMRA Start of Therapy)                | <input checked="" type="checkbox"/> NOD (OMRA Discharge) |
| <input checked="" type="checkbox"/> NSD (OMRA Start of Therapy and Discharge) |  |

---

List All Active Residents that have not had an Assessment Since

| - Print Resident MDS Edit List - |           |            |          |                 |                     |        | HTS-M362 |            |  |
|----------------------------------|-----------|------------|----------|-----------------|---------------------|--------|----------|------------|--|
| Res. Id                          | Name      | Admit Date | Reason   | Assessment Date | Reference HCFA Date | MCare  | MCaid    | BIMS Score |  |
| 1523                             | R BALLARD | 05/13/2010 | 99-99-11 | 10/15/2010      | 10/17/2010          |        |          | 08         |  |
| 2010                             | L CONWAY  | 10/10/2010 | 01-02-99 | 10/22/2010      | 10/23/2010          | 25-RHB | 11-RMB   | 13/13      |  |

**All Printed List:** all printed MDS.

**Current MDS with RUG Weight and ADL:**

**Discharge Tracking Exception List:** residents who have a **Discharge Date** in **Edit Medical Record > Demographics** and who do *not* have an MDS Discharge Tracking Assessment with an equal or later discharge date

Select the date range of the assessments you want to print.

Decide if you want to **Include Discharged Residents**.

Uncheck any **MDS Item Sets** you do not want to include on the list.

### Key Date List

List MDS records and the Key (important) Dates (see below) that have been assigned to the records through processing. Use this list to determine why an assessment has not been picked up for submission, or if an assessment is already stamped with a Submit Date.

| ASSESSMENT | PRINT | PRINT-V | COMPLETED | CORRECTION | DATE      |      |
|------------|-------|---------|-----------|------------|-----------|------|
| DATE       | DATE  | DATE    | DATE      | NO         | SUBMITTED | DAYS |

### Incomplete Sections

This optional program helps you to track the MDS records that have been started but not marked as complete. It is especially helpful in facilities where different staff members complete different parts of the MDS.

In **Edit MDS**, at the end of each section, you can check mark the Section as  Complete. This report lists assessments with sections not checked as complete.

### Medicaid MDS Review (MaineCare only)

For use with MaineCare MIHMS billing, this report lists the OBRA assessments and case mix scores that will be used for billing the State of Maine. See MIHMS instructions for more information.

When you print a required MDS for a Medicaid resident, information from the MDS will be posted to the resident's Medicaid Stay Table, and this information will be printed on the Medicaid MDS Review.

You can access the Medicaid Stay Table through any of the following:

- **Admission Procedures > Edit Medical Record > Stay Tables**
- **Admission Procedures > Stay Tables > Edit Stays**
- **Resident Accounting > Billing > Preparation > Edit Stay Tables**

## Submit the MDS 3.0

|                      |                        |                                       |
|----------------------|------------------------|---------------------------------------|
| Admission Procedures | Scheduling / Pre-Asmnt | <a href="#">Print Case Mix Scores</a> |
| Documentation        | MDS                    | Select MDS Records                    |
| ⇒ MDS / Care Plans   | Care Plans             | Copy Selected Records                 |
| Case Mix             | ⇒ MDS Submission       | Print Submission Report               |

MDS records must have a **Complete** Status to be submitted. Depending on the settings in your Clinical Profile, a record will be assigned a Completed status when you do one of the following:

- Print the record.
- Select the printed record through **Edit MDS** and click [Complete](#).

See more about these two options under

**Auto-Complete Printed MDS 3.0** on Page 22.

**WARNING:** To meet the MDS submission deadline of 14 days (after completion date for some assessment types and after Entry Date or Discharge Date for other assessment types) Hi-Tech recommends that you submit MDS records at least once a week. See RAI manual, Chapter 2 page 15 & 16

### IMPORTANT:

- Complete this process from **Select MDS Records** through transmission to CMS.
- When you **Select MDS Records**, it erases the previous file of selected MDS records. If you do not **Copy Selected Records**, this file will be lost and you must reselect those records.
- When you **Copy Selected Record**, they get stamped with a Submit Date. If you do not transmit the file to CMS, the records will still be marked as submitted. Transmit the file before you copy the next submission file to the submission/disk or folder. If you copy over a submission file that you have not submitted, you can recreate the submission file by selecting [Re-Submit Prior Date](#) (see Page 35).
- Verify that CMS receives your transmission before you **Select MDS Records** again.



On the Transmittal List, verify that the list includes the records you want to submit.

- Does it include any records that have been printed and completed, but not yet reviewed by your staff?
- Are records missing that you thought would be selected?

If the list is not correct, do NOT proceed. You can do any of the following:

- a. Re-run the program with a different completed through date to create another file.
- b. Return to **Edit MDS** to adjust the records.
- c. **Print MDS** to print records that you would like to include in this submission.

If the list is accurate, proceed to **Copy Selected Records** on Page 36.

**IMPORTANT:**

If you proceed with the submission process, keep the Transmittal List as a record of the MDS that you submit. Compare it to the Submission Report that you print after you **Copy Selected Records**. The two reports should match.

Compare Transmittal and Submission reports to **Validation Reports** that you receive from CMS *after* you successfully transmit the file. Verify that all records were accepted.

If any records are rejected, use **Edit MDS** to correct the issue.

- Select the assessment (it will have a Submitted Status).
- Select  Rejected-Submission was Rejected. This will open the record.
- Make the necessary corrections.
- Print the Changed Pages
- Resubmit the record.
- Verify that it is accepted.

NOTE: a common mistake is to create a Modification Request for a rejected record. This will result in the rejection of the Modification Request because the original record was never accepted into the CMS system, so there is not a record to modify.

## Two Other Submission Options

### Select by Resident

**Select by Resident** to submit specific records. You can select completed and previously submitted records. (Previously submitted records will be rejected as duplicates.)

Enter a Resident ID number and press the [Enter] key to display the residents' Completed records.

| MDS 3.0 Assessment File Extract |            |               |  |
|---------------------------------|------------|---------------|--|
| 1234                            | Assessment |               |  |
| <input type="checkbox"/>        | 08/01/2010 | Entry         |  |
|                                 |            | End of Detail |  |

Select the MDS and click **Done**. The selected records will be displayed at the top right corner of the screen under **Residents Selected**. You can select additional residents and MDS records.

Click **OK** when ready to create the file. The program will display the number or records selected.

| Select by Resident |            |
|--------------------|------------|
| Residents Selected |            |
| 1234               | 08/01/2010 |

Print and verify the Transmittal List, and if accurate, proceed to **Copy Selected Records**. See Page 36.

### Resubmit Prior Date

Use **Re-Submit Prior Date** if the MDS submission disk is damaged or the file gets lost during the transmission process so you are not able to transmit the records to CMS. Create the same file again.

**Submission Date**: This can be the current date. This will not change the original Submission date of the records that you are reselecting.

At **Select Prior Submission Date**, enter the original submission date. You can find that date on the original Transmittal List printed when you created the first file.

Click **OK**. The program will display the number of records selected. Click **OK**. Print and review the Transmittal List for accuracy. If correct, proceed to **Copy Selected Records**. See Page 36.

## Copy Selected Records

After you run **Select MDS Records** and verify the accuracy of the Transmittal list, **Copy Selected Records** to the submission disk or MDSSUB folder.

If the file is coded  **Production**, this process will stamp each copied record with a Submit Date.

The program screen will tell you to insert a diskette drive into the PC, or it will display the message: **This process will copy your MDS submission data to C:\MDSSUB.**

Click . The program will copy the records and display a Directory of the disk or folder.

```
Volume in drive C has no label.
Volume Serial Number is 3A89-A787

Directory of C:\MDSSUB
08/25/2010  11:37 AM                22 MDS3XMIT.ZIP
```

**IMPORTANT:** The **current date and time** should be displayed for MDS3XMIT.ZIP file. If not current, this might be an older file. **Select MDS Records** to re-create the MDS submission file with a current date.

Click .

If the submission file is successfully copied to the submission disk/folder, the **MDS Submission Status** will display the message on the right.

Click .

The submission file is now contained on the disk or MDSSUB folder. Print the **Submission Report** to verify that the file matches the most recent **Transmittal List** printed through **Select MDS Records**. If they match, transmit the file to CMS.

**WARNING:** If a file was not copied to the disk, the program will display the Warning to the right. Click . Run the program again. If you still get the WARNING message, recreate the submission file through **Select MDS Records**. If that does not work, call Hi-Tech for assistance.

### MDS Submission Status

This Submission process has finished successfully, and the file has been copied. You are all set to submit the file.

#### \*\*\*\*\*WARNING:\*\*\*\*\*

The program has encountered a problem with this submission, and the file has NOT BEEN copied to diskette. Please try this process again, and if you still receive this message, call Hi-Tech Software at (207) 474-7122.

## Print Submission Report

Print this report and compare it to the most recent Transmittal List. These reports should match.

TRANSMIT THE FILE via the method defined by your state.

**When you log in to the AT&T Global Dialer there will be icons for both the MDS 2.0 and MDS 3.0. Choose the correct icon for the type of MDS.**

Print and review Initial Feedback and Validation Reports to verify that all of your records were transmitted successfully and accepted by CMS. Correct and resubmit rejected MDS as soon as possible. It is much easier to correct a submission problem right after it occurs when you are familiar with the records.

**HTS does not support the transmission software.** If you have problems transmitting please call CMS or your hardware support person.

**Libraries**

**MDS Libraries**

Libraries > MDS / Care Plans >

- MDS Security
- P/G/A Library
- Std Problem Categories
- Link CATs to Problems

**MDS Security**

Enter or select a User ID that has already been created through the **Edit User ID** program. You can then allow this user access to All Sections, specific sections, or specific questions.

To restrict a user from the entire MDS, save a record with *no* items checked.

|   |   |                  |              |  |
|---|---|------------------|--------------|--|
| Allow access to:  | User ID <input type="text" value="KS"/> | KATHLEEN SWEENEY | Copy to User |  |
| <input type="checkbox"/> All Sections   |   |                  |              |  |
| <input type="checkbox"/> Sec A <input type="checkbox"/> Sec B <input type="checkbox"/> Sec D <input type="checkbox"/> Sec F <input type="checkbox"/> Sec I <input type="checkbox"/> Sec K <input type="checkbox"/> Sec N <input type="checkbox"/> Sec S |   |                  |              |  |
| <input type="checkbox"/> A100 <input type="checkbox"/> B100 <input type="checkbox"/> D100 <input type="checkbox"/> F300 <input type="checkbox"/> I100-7900 <input type="checkbox"/> K100 <input type="checkbox"/> N300 <input type="checkbox"/> Sec V   |   |                  |              |  |
| <input type="checkbox"/> A200 <input type="checkbox"/> B200 <input type="checkbox"/> D200 <input type="checkbox"/> F400 <input type="checkbox"/> I8000 <input type="checkbox"/> K200 <input type="checkbox"/> N350 <input type="checkbox"/> Sec X       |   |                  |              |  |
| <input type="checkbox"/> A310 <input type="checkbox"/> B300 <input type="checkbox"/> D300 <input type="checkbox"/> F500 <input type="checkbox"/> Sec J <input type="checkbox"/> K300 <input type="checkbox"/> N400 <input type="checkbox"/> Sec Z       |   |                  |              |  |
| <input type="checkbox"/> A410 <input type="checkbox"/> B600 <input type="checkbox"/> D350 <input type="checkbox"/> F600 <input type="checkbox"/> J100 <input type="checkbox"/> K500 <input type="checkbox"/> Sec O <input type="checkbox"/> Z100        |   |                  |              |  |
| <input type="checkbox"/> A500 <input type="checkbox"/> B700 <input type="checkbox"/> D500 <input type="checkbox"/> F700 <input type="checkbox"/> J200 <input type="checkbox"/> K700 <input type="checkbox"/> O100 <input type="checkbox"/> Z150         |   |                  |              |  |
| <input type="checkbox"/> A600 <input type="checkbox"/> B800 <input type="checkbox"/> D600 <input type="checkbox"/> F800 <input type="checkbox"/> J300 <input type="checkbox"/> Sec L <input type="checkbox"/> O250 <input type="checkbox"/> Z200        |   |                  |              |  |
| <input type="checkbox"/> A700 <input type="checkbox"/> B1000 <input type="checkbox"/> D650 <input type="checkbox"/> F800 <input type="checkbox"/> J400 <input type="checkbox"/> Sec M <input type="checkbox"/> O300 <input type="checkbox"/> Z250       |   |                  |              |  |
| <input type="checkbox"/> A800 <input type="checkbox"/> B1200 <input type="checkbox"/> Sec E <input type="checkbox"/> G110 <input type="checkbox"/> J500 <input type="checkbox"/> M100 <input type="checkbox"/> O400 <input type="checkbox"/> Z300       |   |                  |              |  |
| <input type="checkbox"/> A900 <input type="checkbox"/> Sec C <input type="checkbox"/> E100 <input type="checkbox"/> G120 <input type="checkbox"/> J600 <input type="checkbox"/> M150 <input type="checkbox"/> O500 <input type="checkbox"/> Z400        |   |                  |              |  |
| <input type="checkbox"/> A1000 <input type="checkbox"/> C100 <input type="checkbox"/> E200 <input type="checkbox"/> G300 <input type="checkbox"/> J700 <input type="checkbox"/> M210 <input type="checkbox"/> O600 <input type="checkbox"/> Z500        |   |                  |              |  |
| <input type="checkbox"/> A1100 <input type="checkbox"/> C200 <input type="checkbox"/> E300 <input type="checkbox"/> G400 <input type="checkbox"/> J800 <input type="checkbox"/> M300 <input type="checkbox"/> O700                                      |   |                  |              |  |
| <input type="checkbox"/> A1200 <input type="checkbox"/> C300 <input type="checkbox"/> E500 <input type="checkbox"/> G600 <input type="checkbox"/> J850 <input type="checkbox"/> M610 <input type="checkbox"/> Sec P                                     |   |                  |              |  |
| <input type="checkbox"/> A1300 <input type="checkbox"/> C400 <input type="checkbox"/> E600 <input type="checkbox"/> G900 <input type="checkbox"/> J1100 <input type="checkbox"/> M700 <input type="checkbox"/> Sec Q                                    |   |                  |              |  |
| <input type="checkbox"/> A1500 <input type="checkbox"/> C500 <input type="checkbox"/> E800 <input type="checkbox"/> Sec H <input type="checkbox"/> J1300 <input type="checkbox"/> M800 <input type="checkbox"/> Q100                                    |   |                  |              |  |
| <input type="checkbox"/> A1550 <input type="checkbox"/> C600 <input type="checkbox"/> E900 <input type="checkbox"/> H100 <input type="checkbox"/> J1400 <input type="checkbox"/> M900 <input type="checkbox"/> Q300                                     |   |                  |              |  |
| <input type="checkbox"/> A1600 <input type="checkbox"/> C700 <input type="checkbox"/> E1000 <input type="checkbox"/> H200 <input type="checkbox"/> J1550 <input type="checkbox"/> M1030 <input type="checkbox"/> Q400                                   |   |                  |              |  |
| <input type="checkbox"/> A1700 <input type="checkbox"/> C800 <input type="checkbox"/> E1100 <input type="checkbox"/> H300 <input type="checkbox"/> J1700 <input type="checkbox"/> M1040 <input type="checkbox"/> Q500                                   |   |                  |              |  |
| <input type="checkbox"/> A1800 <input type="checkbox"/> C900 <input type="checkbox"/> H400 <input type="checkbox"/> H500 <input type="checkbox"/> J1800 <input type="checkbox"/> M1200 <input type="checkbox"/> Q600                                    |   |                  |              |  |
| <input type="checkbox"/> A2000 <input type="checkbox"/> C1000 <input type="checkbox"/> H600   |   |                  |              |  |
| <input type="checkbox"/> A2100 <input type="checkbox"/> C1300   |   |                  |              |  |
| <input type="checkbox"/> A2200 <input type="checkbox"/> C1600   |   |                  |              |  |
| <input type="checkbox"/> A2300  |   |                  |              |  |
| <input type="checkbox"/> A2400  |   |                  |              |  |

Print

Clear

End

Cancel

Ok

**Link CATs to Problems**

This program links triggered CAAs to Problems in the Care Plan Library to suggest problems for care planning a triggered CAA. This is explained more completely in our Care Planning Webinars and instructions.

**Link RAPs/CATs to Problems**

RAP/CAT:       Select Problems for RAP/CAT: DELIRIUM

| Ck                                  | Prob # | Library Problems  |
|-------------------------------------|--------|---|
| <input checked="" type="checkbox"/> | 0001   | This resident suffers from delusions due to: _____ As evidenced by: |
| <input checked="" type="checkbox"/> | 0002   | Probable delirium as evidenced by confusion and disorientation.     |
| <input type="checkbox"/>            | 0003   | The resident has impaired short term memory due to:                 |

**Facility Libraries**

Libraries > Facility >

Accounting Profile  
Clinical Profile

**Clinical Profile**

This screen contains information that is automatically input to new residents' face sheets and new MDS records. See

**Crosswalk: Libraries to the MDS 3.0** on Page 40.

There are many settings that control how other clinical programs work. See MDS Default settings on the next page.

Call Hi-Tech Support for assistance in making changes.

NOTE: MDS 3.0 Grouper Tables for your state will be installed with Release 10.08.

**MDS Defaults**

|  |   |
|--|---|
| <p>Active Sections MDS 2.0 MDS3.0<br/>Use Section S <input type="checkbox"/> <input checked="" type="checkbox"/></p>   | <p>Should be checked if your state has a Section S. Release 10.08 will check this field if your State uses Section S. Verify that the correct State is recorded in the facility address.</p>  |
| <p>Default Print Forms on MDS Exit <input checked="" type="checkbox"/><br/>Default Print Notes on MDS Exit <input checked="" type="checkbox"/><br/>Auto-complete Printed MDS 3.0 <input checked="" type="checkbox"/></p>   | <p>Leave the <b>Default Print</b> items checked to these items on the screen that displays each time you end out of an MDS. If you tend to uncheck these items when you end out of a record, uncheck them here. See Page 17. Also see <b>Auto-Complete Printed MDS 3.0</b> on Page 22.</p>    |
| <p>MDS 3.0<br/>Medicare Grouper 66 <input type="checkbox"/> 01 - Version 5.01 48 - RUG IV 48 CAT<br/>Medicaid Grouper 20 <input type="checkbox"/> 12 - Version 5.12 57 - RUG IV 57 CAT<br/>Alt Medicaid Grouper 12 <input type="checkbox"/> 20 - Version 5.20 66 - RUG IV 66 CAT<br/>Insurance Grouper 66 <input type="checkbox"/> Use34 Groups for Medicaid 5.12 &amp; 5.20</p> | <p>Determines the Grouper used to assign RUG and Case Mix scores to your residents' MDS 3.0 records.<br/>Release 10.08 will assign the groupers used by your state.</p>   |
| <p>Data Conflict Testing: MDS<br/>On exit of Assessment <input checked="" type="checkbox"/><br/>With full Assessment Print <input checked="" type="checkbox"/><br/>Allow Exception Editing <input checked="" type="checkbox"/></p>   | <p>Leave checked to look for data conflicts when you:</p> <ul style="list-style-type: none"> <li>• exit an MDS</li> <li>• print a full MDS</li> <li>• exceptions</li> </ul> <p>See Page 17.</p>   |
| <p>Quarterly Review Days 090<br/>Default SUB-REQ (1,2,3) 3 <input type="checkbox"/> Submit</p>   | <p>For use on the Other Payers Report (Page 27) to schedule the next OBRA quarterly 90 days after the previous MDS completion date for the MDS 2.0 or the ARD for the MDS 3.0.<br/>Reduce the number of days to schedule the quarterly a few days earlier.</p>                                |
| <p><input type="checkbox"/> Submit 1 Assessment per Resident</p>   | <p>Check if you do not want more than one MDS per resident submitted in the same file. This is necessary in states where multiple assessments for the same resident are not be copied into the state system in the right order and cause an error, so you have to submit them separately.</p> |
| <p>Rap Summary Default Text<br/> <input checked="" type="radio"/> See RAP Guidline Worksheet and/or RAP Notes<br/> <input type="radio"/> See Supporting Documentation<br/> <input type="radio"/> See Briggs Forms and/or RAP Notes<br/> <input type="radio"/> Blank</p>  | <p>The selected item will be displayed in Section V on the CAA Summary screen.</p>  |

**Crosswalk: Edit Medical Record to the MDS 3.0**

| <b>Edit Medical Record &gt; Demographics</b>   | <b>MDS 3.0 item</b>   |
|--|---|
| First Name, Last Name, Middle Name, Suffix   | Legal Name of Resident<br>A0500A, A0500B, A0500C, A0500D  |
| Room Number  | A1300B Room Number  |
| Nickname/Preferred Name  | A1300C Name by which resident prefers to be called  |
| Social Security Number   | A0600A Social Security Number   |
| Date of Birth  | A0900 Birth Date  |
| Admit Date   | A1600 Entry Date  |
| Gender   | A0800 Gender  |
| Marital Status   | A1200 Marital Status  |
| Race   | A1000 Race/Ethnicity  |
| Room Number  | A1300B Room Number  |
| Discharge Date   | A2000 Discharge Date  |
| <b>Edit Medical Record &gt; Insurance</b>  | <b>MDS 3.0 Items</b>  |
| Select the Insurance ID:<br><ul style="list-style-type: none"> <li>• 0004 or 0005 for Medicare</li> <li>• 0001 for Medicaid</li> </ul> Enter resident's <b>Contract/Claim</b> number | A0600B Medicare Number<br>A0700 Medicaid Number   |
| <b>Edit Medical Record &gt; Physicians/Diagnoses</b>   | <b>MDS 3.0 Items</b>  |
| ICD9 Diagnoses codes and descriptions  | Click <b>Reset from Face Sheet</b> to import to I8000 Additional Diagnoses  |
| <b>Edit Medical Record &gt; Height and Weights</b>   | <b>MDS 3.0 Items</b>  |
| Height<br>Weight (most recent recorded weight)   | K0200A Height<br>K0200B Weight<br>Program will import weight recorded up 30 days prior to the ARD.<br>Program will round up if .5 pounds or more. |
| <b>Edit Medical Record &gt; Inoculations</b>   | <b>MDS 3.0 Items</b>  |
| Resident's Inoculation record.   | Click <b>View Inoculations</b> to see if resident has received Influenza or Pneumococcal vaccine.   |

**Crosswalk: Libraries to the MDS 3.0**

| <b>Libraries &gt; Facility &gt; Accounting Profile</b>   | <b>MDS 3.0 Items</b>  |
|--|---|
| National Provider ID<br>CCN/Medicare Number<br>Medicaid Number.<br>If multiple Medicaid numbers use Levels 1, 2, 3, 4 Medicaid numbers | A0100A. National Provider ID (NPI)<br>A0100B. CMS Certification Number (CCN)<br>A0100C. State Provider Number |
| <b>Libraries &gt; Facility &gt; Clinical Profile</b>   |   |
| State  | Determines which Section S and Groupers will be used.   |

Some of our users can also click the **Import Care Tracker** and **Import Therapy** buttons to import data from those two systems.

### Form Types and Assessment Code Combinations

| Nursing Home Item Set Code (ISC) Reference Table |                     |                  |                                 |     |                                       |
|--|---------------------|------------------|---------------------------------|-----|---------------------------------------|
| OBRA RFA<br>(A0310A)                             | PPS RFA<br>(A0310B) | OMRA<br>(A0310C) | Entry/<br>Discharge<br>(A0310F) | ISC | Description                           |
| 01   | 01,02,06            | 0,1,2,3          | 10,11,99                        | NC  | Comprehensive                         |
| 01,03  | 99                  | 0                | 10,11,99                        | NC  | Comprehensive                         |
| 01,03,04,05                                      | 07                  | 1,2,3            | 10,11,99                        | NC  | Comprehensive                         |
| 03,04,05   | 01 thru 06          | 0,1,2,3          | 10,11,99                        | NC  | Comprehensive                         |
| 04,05  | 07,99               | 0                | 10,11,99                        | NC  | Comprehensive                         |
| 02,06  | 01 thru 06          | 0,1,2,3          | 10,11,99                        | NQ  | Quarterly                             |
| 02,06  | 99                  | 0                | 10,11,99                        | NQ  | Quarterly                             |
| 02,06  | 07                  | 1,2,3            | 10,11,99                        | NQ  | Quarterly                             |
| 99   | 01 thru 06          | 0,1,2,3          | 10,11,99                        | NP  | PPS                                   |
| 99   | 07                  | 1                | 99                              | NS  | OMRA – Start of Therapy               |
| 99   | 07                  | 1                | 10,11                           | NSD | OMRA – Start of Therapy and Discharge |
| 99   | 07                  | 2,3              | 99                              | NO  | OMRA                                  |
| 99   | 07                  | 2,3              | 10,11                           | NOD | OMRA and Discharge                    |
| 99   | 99                  | 0                | 10,11                           | ND  | Discharge                             |
| 99   | 99                  | 0                | 01,12                           | NT  | Tracking                              |

Source: CMS' RAI Version 3.0 Manual, Page 2-66, June 2010

### How to Prepare for the Transition to the MDS 3.0

- Attend training sponsored by your state or Health Care Association. Hi-Tech Software will **not** provide training on how to code your residents' MDS 3.0 records.
- Access free training material on the CMS website at [www.cms.gov/NursingHomeQualityInits/45\\_NHQIMDS30TrainingMaterials.asp](http://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp)
- Attend Hi-Tech Software workshops and Webinars that teach you the mechanics of recording, printing and submitting the MDS 3.0.

PLEASE NOTE: Hi-Tech cannot instruct you on how to code the MDS 3.0. That training must come from qualified MDS instructors and your state MDS Help Desk.

- Determine which residents have MDS 2.0 records due before the October deadline. Use MDS Scheduling programs to ensure that you complete and submit these record on time.
- Complete, print and submit the MDS 2.0 records according to CMS regulations.

### Where to Find MDS 2.0 Processing Programs

After you install Release 10.08, you will access MDS 2.0 processing from different menus in the Clinical Records System. See below. You can still complete and submit MDS 2.0 records with Assessment Reference dates through September 30, 2010.

Select **MDS / Care Plans > MDS 2.0 Processing**.

|  |                        |                              |
|--|------------------------|------------------------------|
|  Clinical: Nursing Care |                        | Date: 08/16/2010             |
| Admission Procedures   | Scheduling / Pre-Asmnt | <a href="#">Edit MDS 2.0</a> |
| Documentation  | MDS                    | Print MDS 2.0                |
| ⇒ MDS / Care Plans   | CATs                   | View MDS 2.0                 |
| Case Mix   | Care Plans             | Print 2.0 Supporting Docs    |
| QI / QA / Survey Reports   | MDS Submission         | Print 2.0 Guideline WS       |
| Reporting  | ⇒ MDS 2.0 Processing   | Edit 2.0 RAPs                |
| Libraries  | MDS 2.0 Reporting      | Print 2.0 RAPs               |
| File Utilities   | MDS 2.0 Misc           | Select 2.0 Submission        |
| 5 - Day Calendar   |                        | Copy 2.0 Subm File           |
| Edit Medical Record  |                        | Print 2.0 Subm List          |

**Edit and Print the MDS 2.0**

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**Work the RAPS, edit and print the RAP Summary**

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**Select and submit MDS 2.0 Records.**

**MDS 2.0 Reporting:**

|                          |                        |   |
|--------------------------|------------------------|---|
| Admission Procedures     | Scheduling / Pre-Asmnt | <a href="#">MDS 2.0 Case-Mix Scores</a> |
| Documentation            | MDS                    | MDS 2.0 Edit List(s)                    |
| ⇒ MDS / Care Plans       | CATs                   | MDS 2.0 Key Date List                   |
| Case Mix                 | Care Plans             | MDS 2.0 Incomplete Sect                 |
| QI / QA / Survey Reports | MDS Submission         | MDS 2.0 7-Column W/S                    |
| Reporting                | MDS 2.0 Processing     | MDS 2.0 Change Register                 |
| Libraries                | ⇒ MDS 2.0 Reporting    | MDS 2.0 Unresolved Cond                 |
| File Utilities           | MDS 2.0 Misc           | MDS 2.0 Data Conflict List              |
| 5 - Day Calendar         |                        | MDS 2.0 Conflict Trends                 |
| Edit Medical Record      |                        | MDS 2.0 Mortality Report                |

**Miscellaneous MDS 2.0: Security, Quality Assurance and Quality Indicators**

|                          |                        |                                       |
|--------------------------|------------------------|---------------------------------------|
| Admission Procedures     | Scheduling / Pre-Asmnt | <a href="#">Edit MDS 2.0 Security</a> |
| Documentation            | MDS                    | Print 2.0 QA Report                   |
| ⇒ MDS / Care Plans       | CATs                   | Update 2.0 QIs                        |
| Case Mix                 | Care Plans             | Update 12-Per QIs                     |
| QI / QA / Survey Reports | MDS Submission         | Print MDS 2.0 QI Report               |
| Reporting                | MDS 2.0 Processing     | Print Kardex                          |
| Libraries                | MDS 2.0 Reporting      | Edit 802                              |
| File Utilities           | ⇒ MDS 2.0 Misc         | Print 802                             |
| 5 - Day Calendar         |                        | Edit 672                              |
| Edit Medical Record      |                        | Print 672                             |

***The MDS 3.0 and Care Plans***

See the separate instructions on the MDS 3.0 and Care Plans.