

# NY APPENDIX A: MDS 3.0 NY-Specific Requirements

Effective October 01, 2010

The *Minimum Data Set 3.0 User's Manual* provides instructions for completing the MDS assessment based upon federal requirements. In some instances, the manual refers to State-specific requirements. This Appendix addresses the NY-specific requirements for the MDS 3.0.

The state requirement references are presented in the order they occur in the Manual. Each requirement is described in the following format:

- First, excerpts from the Manual that refer to State requirements are presented under the heading **MDS MANUAL**.
- Next, the NY-specific requirements are provided under the heading NY REQUIREMENT.

## Chapter 1: Resident Assessment Instrument (RAI)

### **MDS MANUAL**

#### **1.6 Components of the MDS**

The MDS is completed for all residents in Medicare- or Medicaid-certified nursing homes. The mandated assessment schedule is discussed in Chapter 2. States may also establish additional MDS requirements. For specific information on State requirements, please contact your State RAI Coordinator (see Appendix B).

### **NY REQUIREMENT**

- Section S is the only NY additional MDS requirement. Completion of Section S is required for all nursing home MDS assessments with the exception of the nursing home tracking (NT) item set. Section S is not required for swing bed program assessments.
- NY follows the federal assessment schedule as discussed in Chapter 2.
- Details on Section S can be found at: <http://www.health.ny.gov/forms/#M> at the Minimum Data Set link.

## **Chapter 2: Assessments for the Resident Assessment Instrument (RAI)**

### **MDS MANUAL**

#### **2.2 State Designation of the RAI for Nursing Homes**

If allowed by the State, facilities may have some flexibility in form design (e.g., print type, color, shading, integrating triggers) or use a computer generated printout of the RAI as long as the state can ensure that the facility's RAI in the resident's record accurately and completely represents the CMS-approved State's RAI in accordance with 42 CFR 483.20(b). This applies to either pre-printed forms or computer generated printouts.

#### **NY REQUIREMENT**

- NY allows flexibility in form design as long as the design adheres to the federal requirements. The federal requirements are described at the Code of Federal Regulations at Title 42 section 483.20(b).

### **MDS MANUAL**

#### **2.3 Responsibilities of Nursing Homes for Completing Assessments**

The requirements for the RAI are found at 42 CFR 483.20 and are applicable to all residents in Medicare and/or Medicaid certified long-term care facilities. The requirements are applicable regardless of age, diagnosis, length of stay, or payment category. Federal RAI requirements are not applicable to individuals residing in non-certified units of long-term care facilities or licensed-only facilities. This does not preclude a state from mandating the RAI for residents who live in these units.

#### **NY REQUIREMENT**

- Federal authority requiring submission of MDS assessment data applies to all residents residing in Medicare and/or Medicaid certified long-term care facilities. Most long-term care facilities and all swing bed programs in NY are Medicare and/or Medicaid certified.
- NY regulatory authority (10 NYCRR 86-2.37) mandates submission of the MDS assessment data for non-certified (private-pay only) facilities. Only two NY nursing homes are non-certified (as of January 2011). No NY long-term care facilities are partially certified.

### **MDS MANUAL**

#### **2.4 Responsibilities of Nursing Homes for Reproducing and Maintaining Assessments**

The Federal regulatory requirement at 42 CFR 483.20(d) requires nursing homes to maintain all resident assessments completed within a 15 the previous 15 months in the resident's active clinical record. This requirement applies to all MDS assessment types regardless of the form of storage (i.e., electronic or hard copy).

- Nursing homes may use electronic signatures for clinical record documentation, including the MDS, when permitted to do so by state and local law and when authorized by the long-term care facility's policy. Use of electronic signatures for the MDS does not require that the entire clinical record be maintained electronically. Facilities must have written policies in place to ensure proper security measures to protect the use of an electronic

signature by anyone other than the person to whom the electronic signature belongs.

- ... Nursing homes must also ensure that clinical records, regardless of form, are easily and readily accessible to staff (including consultants), State agencies (including surveyors) ...
- All state licensure and state practice regulations continue to apply to Medicare and/or Medicaid certified long-term care facilities. Where state law is more restrictive than federal requirement, the provider needs to apply the state law standards.

#### NY REQUIREMENT

- NY allows the use of electronic signatures on, and the electronic storage of the MDS. NY does not have more stringent restrictions than the federal requirements. Nursing homes may store the MDS in electronic format only, as long as the federal requirements are met.

#### MDS MANUAL

##### 2.5 Assessment Types and Definitions

OBRA assessments may be scheduled early if a nursing home wants to stagger due dates for assessments. As a result, more than 4 OBRA Quarterly assessments may be completed on a particular resident in a given year. However, states may have more stringent restrictions.

#### NY REQUIREMENT

- NY does not have more stringent restrictions.

#### MDS MANUAL

##### 2.6 Required OBRA Assessments for the MDS

###### 04. Significant Change in Status Assessments (SCSA) (A0310A=04)

*Guidelines for Determining When a Significant Change Should Result in Referral for a Preadmission Screening and Resident Review (PASRR) Level II Evaluation:*

- Facilities should look to their state PASRR program requirements for specific procedures. PASRR contact information for the state MH/MR/DD authorities and the state Medicaid agency is available at <http://www.cms.gov/>.

#### NY REQUIREMENT

- NY SCREEN/PASRR program requirements can be found at: <http://www.health.ny.gov/forms/#S> at the 'SCREEN/PASRR' link.

#### MDS MANUAL

##### 2.6 Required OBRA Assessments for the MDS

###### 02. Quarterly Assessments (A0310A=02)

OBRA assessments may be scheduled early if a nursing home wants to stagger due dates for assessments. As a result, more than 4 OBRA Quarterly assessments may be completed on a particular resident in a given year. However, states may have more stringent restrictions.

#### NY REQUIREMENT

- NY does not have more stringent restrictions.

**MDS MANUAL****2.6 Required OBRA Assessments for the MDS****11. Discharge Assessment-Return Anticipated (A0310F=11)**

In some situations, a resident may be discharged return anticipated and the facility learns later that the resident will not be returning to the facility. Another Discharge assessment is not necessary although the state may require a modification from "return anticipated" to "return not anticipated". Please contact your State RAI Coordinator for clarification if your state requires a modified record.

**NY REQUIREMENT**

- NY does not require a modified record for the situation described above.

**MDS MANUAL****2.11 Combining Medicare assessments and OBRA Assessments**

Some states require providers to complete additional state-specific items (Section S) for selected assessments.

**NY REQUIREMENT**

- NY requires completion of Section S for all nursing home MDS assessments with the exception of the nursing home tracking (NT) item set. Section S is not required for swing bed program assessments. Details on Section S can be found at: <http://www.health.ny.gov/forms/#M> at the Minimum Data Set link.

**MDS MANUAL****2.11 Combining Medicare assessments and OBRA Assessments**

States may also add comprehensive items to the Quarterly and/or PPS item sets. Providers must ensure that they follow their state requirements in addition to any OBRA and/or Medicare requirements.

**NY REQUIREMENT**

- NY does not add comprehensive items to either the Quarterly or the PPS item sets.
- Completion of Section S is required for all nursing home MDS assessments with the exception of the nursing home tracking (NT) item set. Section S is not required for swing bed program assessments. Details on Section S can be found at: <http://www.health.ny.gov/forms/#M> at the Minimum Data Set link.

**MDS MANUAL****2.11 Combining Medicare assessments and OBRA Assessments****Minimum Required Item Set by Assessment Type for Skilled Nursing Facilities**

\*Provider must check with State Agency to determine if the state requires additional items to be completed for the required OBRA Quarterly and PPS assessments.

**NY REQUIREMENT**

- Section S is the only NY additional MDS requirement for OBRA Quarterly and PPS assessments. Completion of Section S is required for all nursing home MDS assessments with the exception of the nursing home tracking (NT) item set. Section S is not required for swing bed program assessments. Details on

Section S can be found at: <http://www.health.ny.gov/forms/#M> at the Minimum Data Set link.

## MDS MANUAL

### 2.12 Medicare and OBRA Assessment Combinations

Below are some of the possible assessment combinations allowed. ... [T]he provider must ensure that the item set selected meets the requirements of all assessments coded in Item A0130 (see Section 2.15)

- Quarterly item set as required by the State.

#### NY REQUIREMENT

- Section S is the only NY additional MDS requirement. Completion of Section S is required for all nursing home MDS assessments, including combinations, with the exception of the nursing home tracking (NT) item set. Section S is not required for swing bed program assessments. Details on Section S can be found at: <http://www.health.ny.gov/forms/#M> at the Minimum Data Set link.

## Chapter 3: Overview to the Item-By-Item Guide to the MDS 3.0

## MDS MANUAL

### 3.3 Coding Conventions

When the term “physician” is used in this manual, it should be interpreted as including nurse practitioners, physician assistants, or clinical nurse specialists, if allowable under state licensure laws and Medicare.

#### NY REQUIREMENT

- NY licensure laws defining the scope of practice of licensed professionals, including physicians, nurse practitioners, physician assistants, or clinical nurse specialists, are administered by the NY Education Department, Office of the Professions.
- Details can be found at: <http://www.op.nysed.gov/>.

## Section A: Identification Information

## MDS MANUAL

### A0100: Facility Provider Numbers

STATE PROVIDER NUMBER Medicaid Provider Number established by a state.

#### NY REQUIREMENT

- This number is assigned to the provider when it receives Medicaid certification. If you do not know your facility's Medicaid Provider Number, ask your billing office.

## MDS MANUAL

### A0410: Submission Requirement

There must be a Federal and/or State authority to submit MDS assessment data to the MDS National Repository.

## NY REQUIREMENT

- Federal authority requiring submission of MDS assessment data applies to all residents residing in Medicare and/or Medicaid certified long-term care facilities. Most long-term care facilities and all swing bed programs in NY are Medicare and/or Medicaid certified. Accordingly, the response to item A0410 Submission Requirement for all MDS assessments shall be coded 3. *Federal required submission.*
- NY has regulatory authority (10 NYCRR 86-2.37) to mandate submission of the MDS data for non-certified (private-pay only) facilities. Only two NY nursing homes are non-certified (as of January 2011). Accordingly, the response to item A0410 for these two non-certified facilities shall be coded 2. *State but not federal required submission.*

## MDS MANUAL

**A0700: Medicaid Number**

It is not necessary to process an MDS correction to add the Medicaid number on a prior assessment. However, a correction may be a State-specific requirement.

## NY REQUIREMENT

- NY does not require an MDS correction to add the Medicaid number on a prior assessment.

## MDS MANUAL

**A1500: Preadmission Screening and Resident Review (PASRR)****Item Rationale**

Health-related Quality of Life

- All individuals who are admitted to a Medicaid certified nursing facility must have a Level I PASRR completed to screen for possible mental illness, mental retardation (MI/MR) or related conditions regardless of the resident's method of payment (please contact your local State Medicaid Agency for details regarding PASRR requirements and exemptions).

**Coding Instructions**

- **Code 0, no:** if any of the following apply:
  - PASRR Level I screening did not result in a referral for Level II screening, or
  - Level II screening determined that the resident does not have a serious mental illness and/or mental retardation-related condition, or
  - PASRR screening is not required because the resident was admitted from a hospital after requiring acute inpatient care, is receiving services for the condition for which he or she received care in the hospital, and the attending physician has certified before admission that the resident is likely to require less than 30 days of nursing home care.
- **Code 1, yes:** if PASRR Level II screening determined that the resident has a serious mental illness and/or mental retardation-related condition.
- **Code 9, not a Medicaid-certified unit:** if bed is not in a Medicaid-certified nursing home. The PASRR process does not apply to nursing home units that

are not certified by Medicaid (unless a State requires otherwise) and therefore the question is not applicable.

#### NY REQUIREMENT

- NY SCREEN/PASRR program requirements can be found at: <http://www.health.ny.gov/forms/#S> at the 'SCREEN/PASRR' link.
- NY requires the PASRR for facilities that are not certified by Medicaid (Title 10 NYCRR 415.11(e)).

## **Section Z: Assessment Administration**

### **MDS MANUAL**

#### **Z0200. State Medicaid Billing (if required by the state).**

#### NY REQUIREMENT

- NY allows but does not require completion of item Z0200. If you choose to complete item Z0200, you must complete both items Z0200A **and** Z0200B. Both items must be completed or both items must be left blank. If Z0200B is used, enter the New York Medicaid RUG Version Code: **09**.
- A nursing home may wish to complete item Z0200 to verify its calculation of a resident's Medicaid RUG case mix group. The MDS submission system will verify the RUG case mix group submitted in item Z0200A and issue a Warning message if the reported case mix group is incorrect.

### **MDS MANUAL**

#### **Z0250. Alternate State Medicaid Billing (if required by the state).**

#### NY REQUIREMENT

- NY does not require an alternate RUG case-mix group. Leave this item blank.

## **Chapter 5: Submission and Correction of the MDS Assessments**

### **MDS MANUAL**

#### **5.1 Transmitting MDS Data**

In addition, providers must be certain they are submitting MDS assessments under the appropriate authority. There must be a federal and/or state authority to submit MDS assessment data to the QIES ASAP system. The software used by providers should have a prompt for confirming the authority to submit each record.

The provider indicates the submission authority for a record in the MDS Submission Requirement item (A0410).

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

#### NY REQUIREMENT

- Federal authority requiring submission of MDS assessment data applies to all residents residing in Medicare and/or Medicaid certified long-term care facilities.

Most long-term care facilities and all swing bed programs in NY are Medicare and/or Medicaid certified. Accordingly, the response to item A0410 Submission Requirement for all MDS assessments shall be coded 3. *Federal required submission.*

- NY has regulatory authority (10 NYCRR 86-2.37) to mandate submission of the MDS data for non-certified (private-pay only) facilities. Only two NY nursing homes are non-certified (as of January 2011). Accordingly, the response to item A0410 for these two non-certified facilities shall be coded 2. *State but not federal required submission (FOR NURSING HOMES ONLY).*
- NOTE: The phrase (*FOR NURSING HOMES ONLY*) is misleading to many. Please ignore it.

## MDS MANUAL

### 5.2 Timeliness Criteria

- State Requirements: Many states have established additional MDS requirements for Medicaid payment and quality monitoring purposes. For information on state requirements, contact your State RAI Coordinator. (See Appendix B for a list of state RAI coordinators.)

## NY REQUIREMENT

- Section S is the only NY additional MDS requirement. Completion of Section S is required for all nursing home MDS assessments with the exception of the nursing home tracking (NT) item set. Section S is not required for swing bed program assessments. Details on Section S can be found at: <http://www.health.ny.gov/forms/#M> at the Minimum Data Set link.

## **Chapter 6: Medicare Skilled Nursing Facility Prospective Payment System (SNF PPS)**

## MDS MANUAL

### 6.2 Using the MDS in the Medicare Prospective Payment System

Over half of the State Medicaid programs also use the MDS for their case mix payment systems. The RUG-IV system replaces the RUG-III for Medicare in October 2010. However, State Medicaid agencies have the option to continue to use the RUG-III classification systems or adopt the RUG-IV system. CMS also provides the States alternative RUG-IV classification systems with 66, 57, or 48 groups with varying numbers of Rehabilitation groups (similar to the RUG-III 53, 44, and 34 groups). States have the option of selecting the system (RUG-III or RUG-IV) with the number of Rehabilitation groups that better suits their Medicaid long-term care population. State Medicaid programs always have the option to develop nursing home reimbursement systems that meet their specific program goals. The decision to implement a RUG-IV classification system for Medicaid is a State decision. Please contact your State Medicaid agency if you have questions about your State Medicaid reimbursement system.



## NY REQUIREMENT

- The NY Medicaid program uses the MDS for its case mix payment system. With the implementation of MDS 3.0, NY will continue to employ the 53 Group RUG-III Classification System model, version 5.20 for Medicaid reimbursement. Send Medicaid reimbursement questions to: [PRIMail@health.state.ny.us](mailto:PRIMail@health.state.ny.us)

**Appendix A – Glossary and Common Acronyms****MDS MANUAL**

**Facility ID** - The facility identification number is assigned to each nursing facility by the State agency. The FAC\_ID must be placed in the individual MDS and tracking form records. This normally is completed as a function within the facility's MDS data entry software.

## NY REQUIREMENT

- If you do not know the Facility ID of your facility, contact the NY MDS Automation Coordinator by e-mail at: [mds3@health.state.ny.us](mailto:mds3@health.state.ny.us)

**MDS MANUAL**

**Login ID** - A State-assigned facility identifier required to access the CMS MDS Assessment Submission and Processing System. This may or may not be the same as the Facility ID.

## NY REQUIREMENT

- The Login ID is the same as the Facility ID.

**MDS MANUAL**

**State Provider Number** - Medicaid Provider Number established by a state.

## NY REQUIREMENT

- This number is assigned to the provider when they receive Medicaid certification. If you do not know your facility's Medicaid Provider Number ask your billing office.