Eli's Rehab Report

Long-Term Care: MDS 3.0 Is Coming: Get the Scoop on Therapy Changes

Say hello to a more accurate assessment tool.

If you provide therapy in a skilled nursing facility setting and bill your services to Medicare Part A, you've probably heard by now that the Centers for Medicare & Medicaid Services has drafted a new MDS form.

Draft changes are out on CMS' Web site now, and it's time to start digging in to key changes to therapy. Luckily, most of the changes pertained to nursing, but we've summarized just what you and your staff therapists need to know about MDS 3.0 before it goes live on Oct. 1, 2009.

The Resident Does the Talking

The biggest change to the MDS is that the assessment will be done in a patient interview format. This will allow the interdisciplinary team to develop a broader picture of what's going on with a resident -- if they collaborate to look at cause and effect, says **Rena Shephard, MHA, RN, RAC-MT, C-NE,** founding chair and executive editor of the American Association of Nurse Assessment Coordinators and president of RRS Healthcare Consulting Services in San Diego.

"I think the interview format may pull therapy into the process a bit more," affirms **Kate Brewer, PT, MBA, GCS,** vice president of Greenfield Rehabilitation Agency in Greenfield, Wis.

"It's going to be a much more accurate assessment," cheers **Kelly Judd, OTR,** president of Judd Rehab Consulting in Minneapolis. "By interviewing the resident, you're going to get a very different perspective than some of the subjective items in the MDS now; plus, the information that's helpful to therapy will be easier to understand if therapy ever uses the MDS as a reference assessment."

"I anticipate the planned changes will make communication between therapy and nursing that much more critical so that patient acuity needs may be accurately reflected," predicts **Yolanda Pence, OT,** vice president of project management for Integra Rehabilitation in Macon, Ga.

No Huge Changes to Sections P and T

Aside from the interview format, technical changes for therapy weren't many. For example, "in MDS 3.0, therapists will document their minutes in Section O0400, as opposed to Section P1b in MDS 2.0," Shephard says. "The form is slightly different, but the way you document your minutes really doesn't change."

Don't miss: But you'll still have a small hand inSection P; CMS now wants you to record the start and end date of therapy here. "That's not currently asked in Section P of MDS 2.0," Brewer points out.

"CMS didn't say why it wants therapists to start recording the start and end date of therapy, but my guess is that they want to look at it in relationship to outcomes," Judd says, adding that the new RAI manual will hopefully shed some more light on the reasoning behind it.

As far as filling out Section T for projected minutes of therapy goes, you'll only see a small technical change."Therapists fill out Section T1b, c, and d on the MDS 2.0, and those items will simply be under Section TO100a, b,c, and d on version 3.0," Shephard says.

Section J, K, Changes Good for Therapy Team

Although therapists don't fill out sections J and K, the MDS 3.0 has changes here that'll help the rehab team. For starters, "in Section K, CMS added a lot more specific questions on the signs and symptoms of swallowing disorders," Judd points out. "So we may be able to identify speech problems earlier and more accurately and get therapy started sooner."

New items include loss of fluids/solids in the mouth while eating or drinking, holding residual food in the mouth after meals, coughing or choking during meals, and difficulty or pain with swallowing, to name a few, Judd says.

Also helpful: Note that Section J takes a new approach to pain assessment. "Section J now talks about scheduled pain meds instead of just assessing the pain and how frequent it is, and nurses have to assess the pain more specifically, too," Judd notes. "PRN [as needed] pain management is not the best approach for most people that have pain, so the scheduled pain meds focus is going to help us be more successful with our therapy interventions."

Rehab Lows May Begin to Emerge

Although it's indirectly related to therapy, the MDS 3.0 made restorative care easier to capture and track, Judd points out. This could mean that when a resident gets toward the end of her treatment regimen, "we could perhaps taper down therapy and get a Rehab Low RUG category in that last assessment period," she says. "And we don't see those RUG categories very often."

Note: For more information on MDS 3.0, check out www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp.