

LTCE NURS 1-770

Overview of the MDS 3.0 RAI

Chapters 1, 2, and Chapter 3 Sections A,B,C

Nursing Continuing Education

This continuing nursing education activity was approved by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

10.25 HOURS CREDIT

Click on any topic below

Which nurses should take this course?

Why each nurse in geriatrics will profit from this course

What you will learn

Disclosure statement

Qualified planner and faculty

Which nurses should take this course?

The target audience for this course is RNs and others.

All nurses in the field of geriatric nursing who wish to understand the federal requirements in the area of care planning and quality of care issues.

The MDS is the framework required for giving care in the geriatric setting.

Why Each nurse in geriatrics will profit from this course

This is a course in geriatric nursing. The federal government's Minimum Data Set has become the primary driver of both quality of care and reimbursements for the long term care industry. The nurse doing the MDS forms for each facility has become a key staff person.

In addition, all nurses in geriatrics need to be familiar with the contents of the MDS 3.0 for this is the single most important tool available to nurses for understanding the care quality requirements of the Centers for Medicare and Medicaid.

What you will learn

The learner will identify the three basic components of the Resident Assessment Instrument: The Minimum Data Set (MDS) Version 3.0, the Care Area Assessment (CAA) process and the RAI utilization guidelines

The learner will identify the subparts of the Minimum Data Set: A core set of screening, clinical, and functional status elements, including common definitions and coding categories, which forms the foundation of a comprehensive assessment for all residents of nursing homes certified to participate in Medicare or Medicaid.

The learner will identify the elements of the Care Area Assessment Process.

The learner will identify the Care Area Triggers.

What you will learn in this course

The purpose of this course is to offer clear guidance about how to use the Resident Assessment Instrument (RAI) correctly and effectively to help provide appropriate care. Providing care to residents with post-hospital and long-term care needs is complex and challenging work. Clinical competence, observational, interviewing and critical thinking skills, and assessment expertise from all disciplines are required to develop individualized care plans. The RAI helps nursing home staff gather definitive information on a resident's strengths and needs, which must be addressed in an individualized care plan. It also assists staff with evaluating goal achievement and revising care plans accordingly by enabling the nursing home to track changes in the

resident's status. As the process of problem identification is integrated with sound clinical interventions, the care plan becomes each resident's unique path toward achieving or maintaining his or her highest practical level of well-being.

The RAI helps nursing home staff look at residents holistically—as individuals for whom quality of life and quality of care are mutually significant and necessary. Interdisciplinary use of the RAI promotes this emphasis on quality of care and quality of life. Nursing homes have found that involving disciplines such as dietary, social work, physical therapy, occupational therapy, speech language pathology, pharmacy, and activities in the RAI process has fostered a more holistic approach to resident care and strengthened team communication. This interdisciplinary process also helps to support the spheres of influence on the resident's experience of care, including: workplace practices, the nursing home's cultural and physical environment, staff satisfaction, clinical and care practice delivery, shared leadership, family and community relationships, and Federal/State/local government regulations.

Persons generally enter a nursing home because of problems with functional status caused by physical deterioration, cognitive decline, the onset or exacerbation of an acute illness or condition, or other related factors. Sometimes, the individual's ability to manage independently has been limited to the extent that skilled nursing, medical treatment, and/or rehabilitation is needed for the resident to maintain and/or restore function or to live safely from day to day. While we recognize that there are often unavoidable declines, particularly in the last stages of life, all necessary resources and disciplines must be used to ensure that residents achieve the highest level of functioning possible (quality of care) and maintain their sense of individuality (quality of life). This is true for both long-term residents and residents in a rehabilitative program anticipating return to their previous environment or another environment of their choice.

The reading for this course is

Content of the RAI for Nursing Homes

The RAI consists of three basic components: The Minimum Data Set (MDS) Version 3.0, the Care Area Assessment (CAA) process and the RAI utilization guidelines. The utilization of the three components of the RAI yields information about a resident's functional status, strengths, weaknesses, and preferences, as well as offering guidance on further assessment once problems have been identified

- **Minimum Data Set.** A core set of screening, clinical, and functional status elements, including common definitions and coding categories, which forms the foundation of a comprehensive assessment for all residents of nursing homes certified to participate in Medicare or Medicaid. The items in the MDS standardize communication about resident problems and conditions within nursing homes, between nursing homes, and between nursing homes and outside agencies. The required subsets of data items for each MDS assessment and tracking document (e.g., admission, quarterly, annual, significant change, discharge, entry, etc) can be found in Appendix H.

• **Care Area Assessment Process.** This process is designed to assist the assessor to systematically interpret the information recorded on the MDS. Once a care area has been triggered, nursing home providers use current, evidence-based clinical resources to conduct an assessment of the potential problem and determine whether or not to care plan for it. The CAA process helps the clinician to focus on key issues identified during the assessment process so that decisions as to whether and how to intervene can be explored with the resident. The CAA process is explained in detail in Chapter 4. Specific components of the CAA process include:

— **Care Area Triggers (CATs)** are specific resident responses for one or a combination of MDS elements. The triggers identify residents who have or are at risk for developing specific functional problems and require further assessment.

— **CAA Resources** are a list of resources that may be helpful in performing the assessment of a triggered care area. These resources are included in Appendix C and represent neither an all-inclusive list nor government endorsement.

— **CAA Summary (Section V of the MDS 3.0)** provides a location for documentation of the care area(s) that have triggered from the MDS and the decisions made during the CAA process regarding whether or not to proceed to care planning.

• **Utilization Guidelines.** The Utilization Guidelines provide instructions for when and how to use the RAI. These include instructions for completion of the RAI as well as structured frameworks for synthesizing MDS and other clinical information (available from http://cms.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf).

In this course you will study Chapter 1, Chapter 2 and sections A, B, and C of Chapter 3.

The following is an outline of the topics covered in LTCE 1-770

Chapter 1: Resident Assessment Instrument (RAI) (V1.08)

1.1 Overview	1-4
1.2 Content of the RAI for Nursing Homes	1-4
1.3 Completion of the RAI	1-5
1.4 Problem Identification Using the RAI	1-7
1.5 MDS 3.0	1-10
1.6 Components of the MDS	1-11
1.7 Layout of the RAI Manual	1-11
1.8 Protecting the Privacy of the MDS Data	1-13

Chapter 2: Assessments for the Resident Assessment Instrument (RAI) (V1.08)

2.1 Introduction to the Requirements for the RAI	2-1
2.2 State Designation of the RAI for Nursing Homes	2-1
2.3 Responsibilities of Nursing Homes for Completing Assessments	2-2
2.4 Responsibilities of Nursing Homes for Reproducing and Maintaining Assessments	2-5
2.5 Assessment Types and Definitions	2-7
2.6 Required OBRA Assessments for the MDS	2-14
2.7 The Care Area Assessment (CAA) Process and Care Plan Completion	2-38
2.8 The Skilled Nursing Facility Medicare Prospective Payment System	

Assessment Schedule	2-39
2.9 MDS Medicare Assessments for SNFs	2-44
2.10 Combining Medicare Scheduled and Unscheduled Assessments	2-51
2.11 Combining Medicare Assessments and OBRA Assessments	2-55
2.12 Medicare and OBRA Assessment Combinations	2-58
2.13 Factors Impacting the SNF Medicare Assessment Schedule	2-69
2.14 Expected Order of MDS Records	2-72
2.15 Determining the Item Set for an MDS Record	2-74

Chapter 3: Overview to the Item-by-Item Guide to the MDS 3.0

Section A Identification Information (V1.08)	A-1
Section B Hearing, Speech, and Vision (V1.05)	B-1
Section C Cognitive Patterns (V1.08)	C-1

To think about as you read

The MDS 3.0 RAI is the basis for both judging the quality of care being given to each patient and also the amount of reimbursement that will be paid for the care given. What requirements would you set for the person who is employed as the MDS coordinator in your facility?

Disclosure statement

Successful completion of this online course requires learning the reading materials, passing the multiple choice examination with 70% or more correct answers, and completion of the course evaluation form. Upon completing the above the student will be able to print out the course certificate.

We believe no conflict of interest exists for this course. A conflict of interest exists when an individual has the ability to control or influence the content of an educational activity and has a financial relationship with a commercial interest, the products or services of which are pertinent to the content of the educational activity. Commercial interest is defined by ANCC as any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributed healthcare goods or services consumed by or used on patients. Long Term Care Education exists solely to provide educational courses and has no commercial ties of any kind to any commercial interest. Mr. John Gotelli, the lead nurse planner for Long Term Care Education, is an employee of University of North Carolina Hospitals, Medicine/Geriatric Services where he serves as a Geriatric Nurse Practitioner (2006 to present). He has no financial interest of any type with the university

hospital system other than as a salaried employee. No financial or personal relationship exists that would present a conflict of interest in the content of this educational activity.

No sponsorship or commercial support or relationships exist for this course. Participation in this course does not imply endorsement by the provider or NCNA of any commercial products. No activity relates to any produce use for a purpose other than that for which it was approved by the Food and Drug Administration.

The expiration date for awarding contact hours is September, 2015.

Title of Activity: LTCE NURS 1-770

Overview of the MDS 3.0 RAI

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10.25 Continuing Education Hours

Identified Gap(s): _The MDS 3.0 is new. Most nurses trained in MDS know the MDS 2.0.

Description of current state: _Only a few nurses have trained in the new MDS 3.0

Description of desired/achievable state:

Each student completing this course will know the new MDS 3.0 and will be able to identify activities described in chapter 1, 2, and 3.

Gap to be addressed by this activity:

Knowledge Skills Practice Other:

Describe: Need for training long term care nurses in the new MDS 3.0.

Purpose: (write as an outcome statement, e.g. "The purpose of this activity is to enable the learner to.....")

The purpose of this activity is to enable the learner to identify problem identification using the Resident Assessment Instrument.

OBJECTIVES	CONTENT (Topics)	AUTHOR
List learner's objectives in behavioral terms	Provide an outline of the content for each objective. It must be more than a restatement of the objective.	List the author for each for each objective.
1. Learner will identify three basic components of the MDS	Learner will be able to distinguish the MDS, the Care Area Assessment process and the RAI utilization guidelines	see below
List the evidence-based references used for developing this educational activity: MDS 3.0 published 2012 by the Centers for Medicare and Medicaid (CMS) Washington, D.C.		

Method of calculating contact hours:

Pilot Study Historical Data Complexity of Content Other:
Describe _____ 12,000 words per hour

Estimated Number of Contact Hours to be awarded: _____ **10.25 hours**

Completed By: Name and Credentials James E. Allen, Ph.D., MSPH, NHA
Date Sept 9, 2013

Qualified planner and faculty

The qualified planner for this course is

John M. Gotelli, MSN, NP
University of North Carolina Hospitals, Medicine/Geriatric Service
Geriatric Practitioner
Nurse Practitioner licensed in the State of North Carolina
Geriatric Nurse Practitioner, ANCC Certified

Mr. Gotelli is enjoying a successful career in nursing and nursing education.

John M. Gotelli, MSN, NP
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Education	<p>Vanderbilt University School of Nursing, Nashville, TN Master of Science in Nursing (August 2000) Gerontology Nurse Practitioner Specialty</p> <p>Vanderbilt University School of Nursing, Nashville, TN Basic professional nursing component of the MSN program (August 1999)</p> <p>University of California, Davis, CA Bachelor of Arts, Psychology (June 1992)</p>
Licensure and February 20013 Certification	<p>Nurse Practitioner, licensed in the state of North Carolina through Geriatric Nurse Practitioner, ANCC Certification through September 2015</p>
Work Experience	<p>University of North Carolina Hospitals, Medicine/Geriatric Service <u>Geriatric Nurse Practitioner</u> (July 2006 to present)</p> <p>Clinical responsibilities:</p> <ul style="list-style-type: none"> • Round daily with the medical team • Perform comprehensive geriatric evaluations on acutely ill hospitalized patients admitted to the geriatric service • Ensure problems such as poly-pharmacy, delirium, pressure sores, psychosocial issues, immobility and incontinence are addressed • Facilitate interdisciplinary rounds (social work, nutrition, case management and Recreation therapy) <p>Leadership and Administrative responsibilities:</p> <ul style="list-style-type: none"> • Serve as consultant to staff nurses hospital wide for geriatric clinical issues • Organize and implement curriculum for Geriatric Resource Nurse Program (also open to Nursing Assistants).A two day program which introduces staff to essential bedside geriatric care. • Implement Continuous Quality Improvement (CQI) Projects related to geriatric clinical issues. • Serve on various hospital committees: restraint reduction committee; nursing research council • Improve continuity of care for seniors living in community retirement homes/health centers through collaborative initiatives between health systems

- Serve as Adjunct Faculty for University of North Carolina, Chapel Hill School of Nursing to foster relationship between UNC hospital and the nursing school
- Clinical tutor for 2nd year medical students Introduction to Clinical Medicine Course, UNC School of Medicine – 2007 and 2008
- Implemented Nursing Rounds, a collaboration between UNC School of Nursing and 8 bed tower to enhance nursing sensitive patient outcomes

Veterans Administration, Charlotte Community Outpatient Clinic
Nurse Practitioner, Primary Care Service Line (2000 – 2006)

- Provided primary care services to a veteran population with the collaboration of three physicians
- Managed a patient panel size of approximately 850
- Performed comprehensive history and physical examinations; ordered and interpreted laboratory and imaging diagnostic studies; maintained preventive health activities; coordinated a plan of care for episodic and chronic health conditions; communicated plan of care to patient and family members; ordered appropriate therapies including medications
- Coordinated care with other healthcare systems to ensure appropriate follow up and avoid duplication of services

Center for Social Services, San Diego, CA
Benefits Specialist/Case Manager (1997-1998)

- Provided public and private benefits counseling to San Diego residents and their families infected with and affected by HIV/AIDS
- Assisted in primary screening to access Social Security, SSI, Medi-Cal, Medicare, as well as Ryan White funded HIV clinics
- Participated in a comprehensive county wide Needs Assessment Survey
- Enrolled eligible participants and managed daily operations of the AIDS Drug Assistance Program

AIDS Foundation San Diego, San Diego, CA
Benefits Specialist (1996-1997)

- Duties were same as above

Case Manager (Temporary position from February – August 1996)

- Developed long-term case management treatment plans with clients and their families affected by HIV/AIDS
- Collaborated with medical providers in managing client illness as it related to social well-being
- Facilitated referrals to clinics, private medical practices, clinical drug trials, and community organizations

Honors and
Affiliations

- Nursing Recognition Award presented by UNC Department of Medicine -2012
- North Carolina “Top 100” Nurses Award - 2009
- Adjunct Faculty, University of North Carolina Chapel Hill School of Nursing
- Member of the Gerontological Society of America
- Outstanding Geriatric Nurse Practitioner Student for the year 2000 class
- 1999 Luther Christman Award: Presented to the first year student with the most outstanding clinical skills

Publications and
Presentations

Gotelli, J., Neelon, V., Carlson, J. (2010) Delirium and Functional Decline by Discharge in Acutely Ill Hospitalized Elders. Abstract presentation at 2010 Gerontological Society of America Annual Conference.

Gotelli, J., Merryman, P., Carr, C., McElveen, I., Epperson, C., & Bynum, D. (2008)
A Quality Improvement Project to Reduce Complications Associated with Indwelling Urinary Catheters. *Urologic Nursing*, 28 (6), 465-467, 473.

Center for Life Long Learning, UNC School of Nursing. *Geriatric Pharmacology* (2012)
Chapel Hill, NC

North Carolina Statewide Program for Infection Control and Epidemiology (SPICE)

Urinary Tract Infections in the Elderly. (2012) Chapel Hill, NC

North Carolina Association of Recreational Therapists 2007 Annual Meeting. *Delirium and Dementia*. (2007) Greenville, NC

Pain Specifics. *Pain in the Elderly*, UNC Hospitals Nursing Practice and Education Seminar. (2006) Chapel Hill, NC

Presented findings from the Summary of the Seventh American College of Chest Physicians Conference On Antithrombotic and Thrombolytic Therapy, CHEST 2004; 126 : 1635-6965, Charlotte VA Community Based Outpatient Clinic, September 2005

Research Interests Geriatric Syndromes – delirium, cognitive and functional decline, falls.

Mr. Gotelli has had a wide variety of nursing responsibilities in several health care setting over the past fifteen years including lecturing in the North Carolina Statewide Program for Infection Control.

Mr. Gotelli and Dr. Allen work together to identify continuing education course topics which are relevant to the needs of nurses currently practicing in a variety of nursing setting.

Dr. Allen has attended the North Carolina Statewide Program for Infection Control and Epidemiology over the past decade and is an Infection Control Practitioner in the State of North Carolina.

Dr. Allen has over three decades of teaching health care administration at the UNC-CH School of Public Health. Over the years his courses have been attended by UNC-CH School of Nursing students and students from the UNC-CH School of Medicine.

Dr. Allen's text is a core medical title in the nursing field

Text selected as 2011 (and again May, 2013) Doody's Core Medical Title Nursing Home Administration, the text on which the courses on this website are based has been chosen as one of only five 2011 **core medical titles** in *the nursing field* being recommended by the library association for Health Sciences Libraries to add to their collection.

A "Core Medical Title" is defined as "...a book or software title that represents essential knowledge needed by professionals or students in each [healthcare] discipline and is highly

recommended for the collection of a library that serves health sciences specialists.”

(The other titles are: *Compact Clinical Guide to Chronic Pain*; *Dictionary of Nursing Theory and Research*; *Family Practice Guidelines*; *Nursing Interventions Through Time*).

Biographical sketch: James E. Allen

Education:

B.A., University of Arizona

S.T.M., Boston University

Ph.D., Boston University Graduate School

M.S.P.H. University of North Carolina at Chapel Hill

Professional Certifications License:

NHA -- licensed nursing home administrator,
State of North Carolina, License 812.

Certified Long Term Care Infection Control Practitioner, UNC-CH.

Consultant to law firms in North Carolina, South Carolina, Florida, Texas, Kansas, Connecticut, South Dakota and West Virginia.

Current Position:

President: Long Term Care Education.com (an education website)

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Publications:

Thirty journal articles, over 100 published book reviews, five books. Most recent books:

NURSING HOME ADMINISTRATION, 6th Ed, New York: Springer Publishing Company, (www.springerpub.com) 2011, 700+ pp. (The standard text in the field for over 30 years, recently named as the leading text for nursing home administrators).

THE LICENSING EXAM REVIEW GUIDE IN NURSING HOME ADMINISTRATION, New York: Springer Publishing Company, (www.springerpub.com) 2011.

NURSING HOME FEDERAL REQUIREMENTS AND GUIDELINES TO SURVEYORS, 7th edition, New York: Springer Publishing Company, (www.springerpub.com) 2011.

ASSISTED LIVING ADMINISTRATION: THE KNOWLEDGE BASE, New York: Springer Publishing Company, 2004, 697 pages.. (www.springerpub.com).

The NAB Five-Step Administrator-in-Training Internship Manual for Nursing Home Administrators. The National Domains of Practice based administrator-in-training program authorized for use by colleges and state boards by The National Association of Boards of Examiners for Long Term Care Administrators. Washington: (www.nabweb.org) 2012 edition.

The National Exam and Self-Study Guide for Assisted Living Administration: The Knowledge Base. Based on the NAB Domains of Practice. Chapel Hill: (www.longtermcareeducation.com) 2010.

18 Manuals for Department Heads based on the current Federal Requirements and Guidelines to Surveyors. Chapel Hill: (www.longtermcareeducation.com) 2010.

Teaching

Dr. Allen has thirty-two years of experience teaching health management at the undergraduate and graduate levels in the Department of Health Policy and Management, School of Public Health, University of North Carolina at Chapel Hill.

Training Nursing Home and Assisted Living Administrators

Dr. Allen developed and taught the Administrator-in-Training (AIT) course for the North Carolina State Board of Examiners for Nursing Home Administrators (required of all AIT's in North Carolina 1985-2003). Developed and taught Long Term Care Administration courses at University of North Carolina at Chapel Hill. He teaches NHA licensure course for 3+ states. Provider of assisted living certification in NC and Texas. Provider of CEU education for 48 states.

Nurses from the University of North Carolina School of Nursing have taken Dr. Allen's courses over the years.