

RAI Manual and MDS 3.0

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Objectives

- Describe how to conduct an assessment of a resident's nutritional status utilizing the Resident Assessment Instrument (RAI)
- Code Section K correctly and accurately



What Does MDS Mean?

- Contains items that reflect the acuity level of the resident
 - Diagnoses
 - Treatments
 - Evaluation of functional status



MDS Assessments

- Completed for all residents in LTC
- Completed in intervals:
 - Within 14 days of admission
 - Quarterly
 - Annually (or sooner if there is a significant change in condition)



Assessment Reference Date (ARD)

- Last day of the observation period that the assessment covers for the resident
- Most items have a 7-day look back period for MDS 3.0 coding
 - Example:
 - ARD: Feb 19
 - Observation period: 12:00 am on Feb 13 through Feb 19 at 11:59 pm

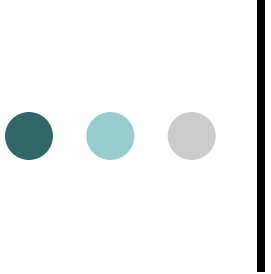
MDS 3.0 RAI Manual

**Centers for Medicare &
Medicaid Services**



Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual

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CMS's Resident Assessment Instrument (RAI) Components:

- **Minimum Data Set (MDS) Version 3.0**
- Care Area Assessment (CAA) process
 - Care Area Triggers (CATs)
 - Care Area Assessment
 - Care Area Summary (Section V of MDS 3.0)



Section K: Swallowing/Nutritional Status

- Assess the conditions that may affect the resident's ability to maintain adequate nutrition and hydration



Section K: K0100

Swallowing Disorder

K0100. Swallowing Disorder

Signs and symptoms of possible swallowing disorder

↓ Check all that apply

- | | |
|--------------------------|---|
| <input type="checkbox"/> | A. Loss of liquids/solids from mouth when eating or drinking |
| <input type="checkbox"/> | B. Holding food in mouth/cheeks or residual food in mouth after meals |
| <input type="checkbox"/> | C. Coughing or choking during meals or when swallowing medications |
| <input type="checkbox"/> | D. Complaints of difficulty or pain with swallowing |
| <input type="checkbox"/> | Z. None of the above |



Section K: K0100

Swallowing Disorder

- Ask the resident
- Observations should be made on all shifts who worked with the resident on the 7 day look back period
- Review the medical record



Section K: K0100

Swallowing Disorder

- Only code if there one of these signs and symptoms were reported, documented or observed during the ARD
- Code even if the symptom occurred only once during the ARD

Section K: K0200

Height and Weight

K0200. Height and Weight - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up

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inches

A. Height (in inches). Record most recent height measure since the most recent admission/entry or reentry

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pounds

B. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.)



Section K: K0200

Height

- Height is obtained upon admission and measured in inches
- Trained staff need to measure and record the resident's height annually
- Round height measurement to the nearest whole inch



Example

62.5 inches would be rounded to: 63"

62.4 inches would be rounded to: **62"**



Section K: K0200

Weight

- Scales must be calibrated and accurate
- Consistent process
 - Specify the type of scale that should be utilized
 - Indicate what the patient should be wearing
- Ensure the patient is not wearing
 - Orthotics
 - Prosthetics



Section K: K0200

Weight

- Weight (in pounds) should be based on most recent measure in the last 30 days
- Round weight
 - Upward to the nearest whole pound if X.5 or more
 - Down to the nearest whole pound if X.1 to X.4



Example

152.5 lbs would be rounded to:

152.4 lbs would be rounded to:

Resident is on hospice and no weight
obtained within 30 days due to
extreme pain:




Example

152.5 lbs would be rounded to: 153 lbs

152.4 lbs would be rounded to: 152 lbs

Resident is on hospice and no weight obtained within 30 days due to extreme pain: **code as --**



Section K: K0300

Weight Loss/Weight Gain

K0300. Weight Loss

Enter Code

Loss of 5% or more in the last month or loss of 10% or more in last 6 months

0. **No** or unknown
1. **Yes, on** physician-prescribed weight-loss regimen
2. **Yes, not on** physician-prescribed weight-loss regimen



Section K: K0300

Weight Loss

- Significant Weight Loss Trend Documentation
- Physician Prescribed Weight-Loss Regimen
- Amputated Limb



Section K: K0310

Weight Gain

K0310. Weight Gain

Enter Code

Gain of 5% or more in the last month or gain of 10% or more in last 6 months

0. **No** or unknown
1. **Yes, on** physician-prescribed weight-gain regimen
2. **Yes, not on** physician-prescribed weight-gain regimen



Coding Instructions/BMI

Mathematically round weights before completing the weight loss calculation

- Body Mass Index (BMI)
 - BMI <18.5 or >24.9 will trigger the CAT on the MDS

Example- Weights

NAME	Ht	August	Sept	Oct	Nov	Dec	Jan	Feb	30 Day	90 Day	180 Day
Resident A	69	180.0	185.0	188.0	188.0	187.0	185.0	175.0	-5.4%	-6.9%	-2.8%
Resident B	61	214.0	214.0	211.0	212.0	215.0	211.0	217.0	2.8%	2.4%	1.4%
Resident C	63	142.0	141.0	144.0	142.0	138.0	135.0	130.0	-3.7%	-8.5%	-8.5%
Resident D	69	167.0	168.0	175.0	176.0	180.0	182.0	184.0	1.1%	4.5%	10.2%

(Current Wt - Previous Wt) / Previous Wt X 100= % weight change

Resident A: $(175\# - 185\#) / 185\# = -0.054$ or **-5.4%**

Resident C: Sign wt loss x 90 days- not coded on the MDS

Resident D: $(184\# - 167\#) / 167\# = +0.1017$ or **+10.2%**

Section K: K0510

Nutritional Approaches

K0510. Nutritional Approaches		
Check all of the following nutritional approaches that were performed during the last 7 days		
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank 2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	1. While NOT a Resident	2. While a Resident
	↓ Check all that apply ↓	
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube - nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)		<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)		<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>



Section K: K0500

Nutritional Approaches

- A. Parenteral/IV feeding
- B. Feeding tube-NG or PEG
- C. Mechanically altered diet- require change in texture of foods or liquids (e.g. pureed food, thickened liquids)
- D. Therapeutic diets (e.g. low salt, diabetic, low cholesterol)
- E. None of the above



Section K: K0500

Nutritional Approaches

- A. Parenteral/IV feeding
- B. Feeding tube-NG or PEG
- C. Mechanically altered diet- require change in texture of foods or liquids (e.g. pureed food, thickened liquids)
- D. Therapeutic diets (e.g. low salt, diabetic, low cholesterol)
- E. None of the above



Example

Mr. H is hospitalized for mental status change and UTI. He returns on an antibiotic and his look-back period includes two hospital days on skilled care. Medical records from the hospital documented inadequate fluid intake with s/sx dehydration. Documentation shows IV fluids were administered throughout hospital visit.

Would you check K0500 for Parental/IV Feeding?



Example

Mr. H is hospitalized for mental status change and UTI. He returns on an antibiotic and his look-back period includes two hospital days on skilled care. Medical records from the hospital documented inadequate fluid intake with s/sx dehydration. Documentation shows IV fluids were administered throughout hospital visit.

Would you check K0500 for Parental/IV Feeding?

YES- While NOT a Resident

Section K: K0710

Percent Intake by Artificial Route

K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B		
2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	2. While a Resident	3. During Entire 7 Days
	↓ Enter Codes ↓	
3. During Entire 7 Days Performed during the entire <i>last 7 days</i>	<input type="checkbox"/>	<input type="checkbox"/>
A. Proportion of total calories the resident received through parenteral or tube feeding 1. 25% or less 2. 26-50% 3. 51% or more	<input type="checkbox"/>	<input type="checkbox"/>
B. Average fluid intake per day by IV or tube feeding 1. 500 cc/day or less 2. 501 cc/day or more	<input type="checkbox"/>	<input type="checkbox"/>



Example

Mr. B is being tapered off a TF. His calculated energy needs are 2,000 kcal daily.

Hospital x 2 days: 4,000 kcal total

Nursing home x 5 days: 6,250 kcal

Total of 10,250 kcal during the ARD.

What proportion of total calories did the resident receive via tube feeding?



Example

Hospital x 2 days:	4,050 kcal
Nursing home x 5 days:	6,200 kcal
Total during ARD:	<u>10,250 kcal</u>

WHILE A RESIDENT

6,200/7 days=886 kcal

886 kcal/2,000 kcal

44%



Section K: K0710

Percent Intake by Artificial Route

- Proportion of total calories the resident received through parenteral or tube feeding **WHILE A RESIDENT**
 1. 25% or less
 2. **26-50%**
 3. 51% or more



Example

Hospital x 2 days: 4,050 kcal
Nursing home x 5 days: 6,200 kcal
Total during ARD: 10,250 kcal

DURING THE ENTIRE 7 DAYS

10,250/7 days=1,464 kcal

1,464 kcal/2,000 kcal

73%



Section K: K0710

Percent Intake by Artificial Route

- Proportion of total calories the resident received through parenteral or tube feeding **During Entire 7 Days**
 1. 25% or less
 2. 26-50%
 3. 51% or more



Example

Hospital x 2 days:	4,130 cc
Nursing home x 5 days:	7,815 cc
Total during ARD:	<u>11,945 cc</u>

WHILE A RESIDENT

7,815 cc / 7 days = 1116 cc



Section K: K0710

Percent Intake by Artificial Route

- Average fluid intake per day by IV or tube feeding **WHILE A RESIDENT**
 1. 500 cc/day or less
 2. 501 cc/day or more



Example

Hospital x 2 days: 4,130 cc

Nursing home x 5 days: 7,815 cc

Total during ARD: 11,945 cc

During Entire 7 Days

11,945 cc/7 days=1,706 cc



Section K: K0710

Percent Intake by Artificial Route

- Average fluid intake per day by IV or tube feeding **During Entire 7 Days**
 1. 500 cc/day or less
 2. 501 cc/day or more



MDS 3.0

- Section K: Swallowing/Nutritional Status
- Section L: Oral/Dental Status
- Section V: CAA Summary



Section L: Oral/Dental Status

L0200. Dental

↓ Check all that apply

- | | |
|--------------------------|---|
| <input type="checkbox"/> | A. Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose) |
| <input type="checkbox"/> | B. No natural teeth or tooth fragment(s) (edentulous) |
| <input type="checkbox"/> | C. Abnormal mouth tissue (ulcers, masses, oral lesions, including under denture or partial if one is worn) |
| <input type="checkbox"/> | D. Obvious or likely cavity or broken natural teeth |
| <input type="checkbox"/> | E. Inflamed or bleeding gums or loose natural teeth |
| <input type="checkbox"/> | F. Mouth or facial pain, discomfort or difficulty with chewing |
| <input type="checkbox"/> | G. Unable to examine |
| <input type="checkbox"/> | Z. None of the above were present |



MDS 3.0

- Section K: Swallowing/Nutritional Status
- Section L: Oral/Dental Status
- Section V: CAA Summary

CMS's Resident Assessment Instrument (RAI) Components:

- MDS Version 3.0
- **Care Area Assessment (CAA) process**
 - Care Area Triggers (CATs)
 - Care Area Assessment
 - Care Area Summary

