Cabinet for Health and Family Services
Office of Inspector General
Division of Health Care

Presents

Minimum Data Set (MDS) 3.0 April 2012 Updates

By

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APRIL 2012 UPDATES

OBJECTIVES

- Provide updates made to the Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual;
- Provide educational training on the RAI process; and
- Familiarize participants with available training materials and resources to assist with conveying current and best practices.

APRIL 2012 UPDATES

- Changes effective April 2012 can be found at:

http://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp

APRIL 2012 UPDATES-CHAPTER 2

- **Clarifications of changes to Chapter 2 are as follows:**
  - Many of the changes are minor word changes/corrections. During this training any changes that impact the coding instructions will be explained in detail.

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APRIL 2012 UPDATES-CHAPTER 2 (cont.)

- **Page 9** of the RAI Manual has further clarification for OBRA assessment scheduling.
- OBRA assessments may be scheduled early if a nursing home wants to stagger due dates for assessments. As a result, more than three OBRA Quarterly assessments may be completed on a particular resident in a given year, or the Annual may be completed early to ensure that regulatory time frames between assessments are met. Kentucky does not have any restrictions on how many assessments may be conducted.

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APRIL 2012 UPDATES-CHAPTER 2 (cont.)

- **Page 10** of the RAI Manual defines Interdisciplinary Team (IDT) as:
  - 42 CFR 483.20 (k)(2) A comprehensive care plan must be (ii) Prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family and or the resident's legal representative.

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APRIL 2012 UPDATES-CHAPTER 2 (cont.)

- **Page 20** explains the difference between a significant change assessment and a significant error:
  - A significant change differs from a significant error because it reflects an actual significant change in the resident's health status and NOT incorrect coding of the MDS.

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APRIL 2012 UPDATES

- The wording for:
  "Mental Retardation" has changed to "Intellectual Disability" throughout the manual and the item sets.

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APRIL 2012 UPDATES-CHAPTER 2 (cont.)

- **Page 56**
- Section 2.11-Combining Medicare Assessments and OBRA Assessments.
- When the OBRA and Medicare Assessment time frames coincide, one assessment may be used to satisfy both requirements. PPS and OBRA assessments may be combined when the ARD windows overlap allowing for a common assessment reference date. When combining the OBRA and Medicare assessments, the most stringent requirements for ARD, item set, and CAA completion requirements must be met.

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APRIL 2012 UPDATES-CHAPTER 2 (cont.)

- Page 56
- Section 2.11-Combining Medicare Assessments and OBRA Assessments (continued)
- For Medicare, the ARD must be set for days 13 or 14, but the regulation allows grace days up to day 18. However, when combining a 14 day Medicare assessment with the Admission assessment, the use of grace days for the PPS assessment would result in a late OBRA Admission assessment. To assure the assessment meets both standards, an ARD of day 13 or 14 would have to be chosen in this situation.

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APRIL 2012 UPDATES-CHAPTER 3

- Page A1 & 2
- **SECTION A**
- **A0050:TYPE OF RECORD**
- **THIS IS A NEW ITEM ON ALL ITEM SETS**
- **Code 1-Add a new record-if this is a new record that has not been previously submitted and accepted into the QIES ASAP system. Continue to A0100.**
- **Code 2-if this is a request to modify an existing record that has already been accepted into the QIES ASAP system. Continue to A0100.**

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page A1 & A2**
- **SECTION A continued**
- **A0050- CODE 3-Inactivate existing record.**
- **If coded 3, skip to X0150, type of provider**
- **Identification of Record to be Modified/inactivated**
- **The section X items from X0200 through X0700 identify the existing QIES ASAP database assessment or tracking record that is in error. In this section, reproduce the information EXACTLY as it appears on the existing erroneous record, even if the information is incorrect.**

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page A-7**
- AO310 G-Type of Discharge
- **New item**
- Code 1-if type of discharge is a planned discharge
- Code 2-if type of discharge is an unplanned discharge

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page A16**
- **A1500-Preadmission Screening and Resident Review (PASRR)**
- Complete only if AO310A= 01, 02 ,04 or 05.
- All individuals who are admitted to a Medicaid Certified Nursing Facility must have a Level I PASRR completed to screen for possible Mental Illness or Intellectual Disability (MI/ID), regardless of payment source.
- Terminology changed from Mental Retardation (MR) to Intellectual Disability (ID).

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page A16**
- **A1500-Preadmission Screening and Resident Review (PASRR)**
- Code 0= No, Skip to A1550, conditions related to ID/DD Status.
- Code 1, yes: Continue to A1510 Level II Preadmission Screening and Resident Review Conditions (PASRR)
- Code 9-Not a Medicaid–certified unit. Skip to A1550, Conditions related to ID/DD Status.

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page A-19**
- **A1550: Level II Preadmission Screening and Resident Review (PASRR) Conditions**
- Complete if A0310A= 01, 03, 04 or 05.
- Check all that apply
- A=Serious Mental Illness
- B=Intellectual Disability
- C=Other related conditions

* Mental retardation terminology has changed to Intellectual or developmental delay disability.

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page A22 & 23**
- **A1800- ENTERED FROM:**
- **NEW ITEM** =09-LONG TERM CARE HOSPITAL (LTCH)
- **CODE 09** if the patient was discharged from a hospital that is certified under Medicare as a short-term, acute-care hospital which has been excluded for the Inpatient Acute Care Hospital Prospective Payment System (IPPS) under 1886 (d)(1)(B)(iv) of the Social Security Act. For the purpose of Medicare payment, LTCHs are defined as having an average inpatient length of stay of greater than 25 days.

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APRIL 2012 UPDATES-CHAPTER 3

- **Page A24 & 25**
- **A2100-DISCHARGE STATUS**
- **NEW ITEM**
- **CODE 06-ID/DD FACILITY**-institution providing health and rehabilitative services to individuals with intellectual or developmental delay disabilities.
- **CODE** 09=LONG TERM CARE HOSPITAL.
- If the patient was admitted from a hospital certified as a Long Term Care Hospital,
- INSTRUCTIONS ARE INCORRECT, SHOULD BE CODE IF RESIDENT ADMITTED TO A LTCH.

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- Page E-1
- EO100- CHANGED TITLE FROM PSYCHOSIS TO POTENTIAL INDICATORS OF PSYCHOSIS.

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- Page E-1
- E-1100-CHANGE IN BEHAVIOR OR OTHER SYMPTOMS
- INSTRUCTION CHANGE:
- COMPARE TO PRIOR ASSESSMENT (OBRA OR PPS)
- NEW-OBRA OR SCHEDULED PPS ASSESSMENT

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page G-4-8**
- SECTION G-ALL ADL'S
- CLARIFICATION OF DEFINITION OF "8" ACTIVITY DID NOT OCCUR
- OLD-Activity did not occur-activity(or any part of the ADL) was not performed by resident or staff at all over the entire 7 day period.
- NEW-Activity did not occur (8)-activity must not have occurred at all or family and/or non-facility staff provided care 100% of the time for the activity over the entire 7 day period.
- Clarification of "8" also added to instructions for Rule of 3.

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page G-18**
- **GO120-BATHING**
- **CLARIFICATION OF CODING "8" ALSO APPLIES TO GO120-BATHING**
- CODE "8"-ACTIVITY DID NOT OCCUR OR FAMILY AND/OR NON-FACILITY STAFF PROVIDED CARE 100% OF TIME FOR THAT ACTIVITY OVER THE ENTIRE 7 DAY PERIOD.

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page G27 & 28**
- **G0300-SURFACE TO SURFACE TRANSFER**
- Changed to Transfer between bed and chair or wheelchair.

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page H11-13**
- **SECTION H-BLADDER AND BOWEL**
- **H0600-BOWEL PATTERNS**
- CONSTIPATION PRESENT
- **CLARIFICATION**-FECAL IMPACTION IF CAUSED BY CHRONIC CONSTIPATION. FECAL IMPACTION IS NOT SYNONYMOUS WITH CONSTIPATION.
- **REMOVED STATEMENT "FECAL IMPACTION IS CONSTIPATION"**.

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page J32 &33**
- **SECTION J-HEALTH CONDITIONS**
- J1900 A, B, C-FALLS SINCE ADMISSION OR PRIOR ASSESSMENT
- CLARIFICATION: CODE IF OCCURRED SINCE ADMISSION/ENTRY OR REENTRY OR PRIOR ASSESSMENT (**OBRA OR SCHEDULED PPS)**

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page K-3-5**
- **SECTION K-HEIGHT AND WEIGHT**
- K0200A-"Base height on the most recent height since the most recent admission/entry or reentry. Measure and record in inches.
- This item does not consider weight fluctuation outside of these two time points, although the resident's weight should be monitored on a continual basis and weight loss addressed on the care plan as necessary.

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page K-8-10**
- NEW ITEM
- K0310-WEIGHT GAIN-This item compares the resident's weight in the current observation period with his/her weight at two snapshots in time;
  - At a point closest to 30-days preceding the current weight
  - At a point closest to 180-days preceding the current weight

Cabinet for Health and Family Services

APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page K-8-10**
- K0310-WEIGHT GAIN-continued
- Code "0"-no or unknown if the resident has not experienced weight gain of 5% or more in the past 30 days or 10% or more in the last 180 days or if information about prior weight is not available.
- Code "1"-if the resident has experienced a weight gain of 5% or more in the past 30 days or 10% or more in the last 180 days and the weight gain was planned and pursuant to a physician's order.

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page K-8-10**
- K0310-WEIGHT GAIN-continued
- Code 2, yes, not on physician-prescribed weight-gain regimen: if the resident has experienced a weight gain of 5% or more in the past 30 days or 10% or more in the last 180 days, and the weight gain was not planned and prescribed by a physician.
- CODING TIP: To code K0310 as 1, yes, the expressed goal of the weight gain diet must be documented.

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page K-10**
- **NEW ITEM**
- **K0510-NUTRITIONAL APPROACHES**
- This section has changed to include two columns.
- Column 1=While not a resident.
- Coding-Check all nutritional approaches performed prior to admission/entry or reentry to the facility and within the 7 day look-back period. Leave column 1 blank if the resident was admitted/entered or reentered more than 7 days ago.
- Column 2=While a resident.

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page K-10**
- **K0510-NUTRITIONAL APPROACHES-continued**
- Column 2-Check all nutritional approaches after admission/entry/reentry to the facility within the 7 day look-back period.
- Check all that apply. If none apply, check K0510Z-None of the above.
- Coding Tip: K0510A includes any and all nutrition and hydration received by the nursing home resident in the last 7 days either at the nursing home, at the hospital as an outpatient or an inpatient, provided they were administered for nutrition or hydration.

Cabinet for Health and Family Services

APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page K-10**
- **K0510-NUTRITIONAL APPROACHES-continued**
- **Coding Tip: K0510D-A nutritional supplement (house supplement or packaged) given as part of the treatment for a disease or clinical condition manifesting an altered nutrition status, does not constitute a therapeutic diet, but may be <u>part</u> of a therapeutic diet. Therefore, supplements are only coded in K0510D, Therapeutic diet when they are being administered as part of a therapeutic diet to manage problematic health conditions.**

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page M-8-25**
- **SECTION M-SKIN CONDITIONS**
- M0300 A-G- WORDING CHANGES BUT INSTRUCTIONS UNCHANGED.
- MO700-MOST SEVERE TISSUE TYPE FOR ANY PRESSURE ULCER
- ADDED "9"-NONE OF THE ABOVE
- MO800-CLARIFICATION OF PPS ASSESSMENTS MUST BE "SCHEDULED"

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- Page M-26-32
- SECTION M-SKIN CONDITIONS continued
- M0900-CLARIFICATION OF PPS ASSESSMENT- MUST BE "SCHEDULED"
- M1040-OTHER ULCERS, WOUNDS AND SKIN PROBLEMS
- NEW ITEM M1040G-SKIN TEARS
- NEW ITEM M1040H-MOISTURE ASSOCIATED SKIN DAMAGE (MASD)

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- Page M-26-32
- SECTION M-SKIN CONDITIONS continued
- Definition of MASD-Moisture associated skin damage is a result of skin damage caused by moisture rather than pressure. It is caused by sustained exposure to moisture which can be caused, for example, by incontinence, wound exudate and perspiration. MASD is also referred to as incontinence dermatitis.

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- Page M-35
- M1200G-Application of nonsurgical dressings
- CLARIFICATION
- DO NOT code application of non-surgical dressings for pressure ulcers other than to feet in this item; use Pressure Ulcer Care item M1200E.

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page N-1**
- **SECTION N-MEDICATIONS**
- SECTION N-400-DELETED
- SECTION N-410-NEW SECTION
- **CODING INSTRUCTIONS**: Indicate the number of days the resident received the listed medications during the last 7 days or since admission, entry, or reentry if less than 7 days.
- Enter "0" if not received.

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page O-7**
- **SECTION O-SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS**
- **O0250-INFLUENZA VACCINE**: The Influenza season varies annually. Information about current Influenza season can be obtained by accessing the CDC Seasonal Influenza (Flu) website at http://www.cdc.gov/flu/weekly/fluactivitysurv.html
- Once the influenza vaccination has been administered to a resident for the current influenza season, this value is carried forward until the new influenza season begins.

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page 0-17-18**
- **O0400-THERAPY START DATE-**
- LOOK AT THE DATE AT A1600
- DETERMINE WHETHER THE RESIDENT HAS HAD SKILLED REHABILITATION THERAPY AT ANY TIME FROM THAT DATE TO THE PRESENT DATE.
- IF SO, ENTER THE DATE THAT THE THERAPY REGIMEN STARTED; IF THERE WAS MORE THAN ONE THERAPY REGIMEN SINCE THE A1600 DATE, ENTER THE START DATE OF THE MOST RECENT THERAPY REGIMEN.

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- Page 0-17-18
- O0400-THERAPY START DATE-CONTINUED
- When two clinicians (therapist or therapy assistants) each from a different discipline, treat one resident at the same time (with different treatments). Both disciplines may code the treatment session in full.
- If two therapists from different disciplines were conducting group treatment sessions, the group must be comprised of four participants who are doing the same or similar activities in each discipline.

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- Page Q-1
- SECTION Q-PARTICIPATION IN ASSESSMENT AND GOAL SETTING
- Intent: The items in this section are intended to record the participation and expectations of the resident, family members, or significant other(s) in the assessment, and to understand the resident's overall goals. Discharge planning follow-up is already a regulatory requirement. Section Q of the MDS uses a person-centered approach to insure that all individuals have the opportunity to learn about home and community based services and to have an opportunity to receive long term care in the least restrictive setting possible. Interviewing the resident or designated individuals places the resident or their family at the center of decision making.

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- Page Q-1 & 2
- Q0100-PARTICIPATION IN ASSESSMENT
- Each care plan should be individualized and resident-driven. Whenever possible, the resident should be actively involved, unless the resident is unable to understand the proceedings or is comatose.
- Residents should be asked about inviting family members or significant others to participate.
- If the individual resident is unable to understand the process, his or her family member, significant other, or legal guardian should be invited to attend the assessment process whenever possible.

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Chapter 3, Page Q-3-8**
- **Q0300-Resident Overall Expectation**
- Complete only when A0310E=1-First assessment on admission/entry or reentry.
- In some guardianship situations, the decision-making authority regarding the individual's care is vested in the guardian. But this should not create a presumption that the resident is not able to comprehend and communicate their wishes.
- Coding Tips: Q0300A, Code 1 "expects to be discharged to the community" may include newly admitted Medicare SNF residents with a facility arranged discharge plan or non-Medicare and Medicaid resident with adequate supports already in place that would not require referral to a local contact agency. It may also include residents who have asked to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community. (Q0500B, Code 1).

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page Q 8-13**
- **Q0400A**-ADDED "ACTIVE DISCHARGE PLANNING ALREADY OCCURING", FOR THE RESIDENT TO RETURN TO THE COMMUNITY.
- Q0400B-ITEM ELIMINATED

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page Q 12 & 13**
- NEW ITEM
- **Q0490-RESIDENT'S PREFERENCE TO AVOID BEING ASKED QUESTION Q0500B (COMPLETE ONLY WHEN A0310A=02,06,99)**
- Q0490=DOES THE RESIDENT'S CLINICAL RECORD DOCUMENT A REQUEST THAT THIS QUESTION BE ASKED ONLY ON COMPREHENSIVE ASSESSMENTS
- CODE 0=NO
- CODE 1=YES-UNLESS IT IS A COMPREHENSIVE ASSESSMENT-SKIP TO Q0600-REFERRAL
- CODE 8-INFORMATION NOT AVAILABLE

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- Page Q 12 & 13
- **Q0490-RESIDENT'S PREFERENCE TO AVOID BEING ASKED QUESTION Q0500B (COMPLETE ONLY WHEN A0310=02,06,99)**
- Coding Tips:
  - Carefully review the resident's clinical record, including prior MDS 3.0 assessments, to determine if the resident or other respondent has previously responded NO to item Q0550.
  - If this is a comprehensive assessment proceed to item Q0500B, regardless of the previous response to item Q0500A.

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Kentucky UNBRIDLED SPIRIT

APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- **Page Q 17&18**
- **Q0500A-RESIDENT'S PREFERENCE**
- Q0500A-ITEM ELIMINATED
- Q0550-RESIDENT PREFERENCE TO AVOID BEING ASKED QUESTION Q0500B AGAIN.

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Kentucky UNBRIDLED SPIRIT

APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- Page Q 18 &19
- NEW ITEM
- **Q0550**-RESIDENT PREFERENCE TO AVOID BEING ASKED QUESTION Q0500B AGAIN.
- **Q0550A**-Does the resident want to be asked about returning to the community on all assessments?
- Code 0=NO-if the resident states they do not want to be asked again on quarterly assessments. Document in clinical record.
- Code 1=Yes-if the resident states they do want to be asked the return to the community question.
- Code 8-Information not available-resident cannot respond, no representative available.

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Kentucky UNBRIDLED SPIRIT

APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- Page Q 18 &19
- NEW ITEM
- QO500B-INDICATE INFORMATION SOURCE FOR Q0550A-
  - 1=RESIDENT
  - 2=FAMILY OR SIGNIFICANT OTHER
  - 3=GUARDIAN OR LEGAL REPRESENTATIVE
  - 4=NO INFORMATION SOURCE AVAILABLE

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- Page Q-21
- Q0600-REFERRAL
- RESPONSES HAVE CHANGED TO
  - 0-NO, REFERRAL NOT NEEDED
  - 1. NO, REFERRAL IS OR MAY BE NEEDED
  - 2. YES, REFERRAL MADE

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APRIL 2012 UPDATES-CHAPTER 3 (cont.)

- Page V-1 & 2
- SECTION V0100A-99 CHANGED FROM NOT OBRA REQUIRED TO **NONE OF THE ABOVE**
- SECTION V0100B-99-CHANGED FROM NOT OBRA REQUIRED TO **NONE OF THE ABOVE**

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APRIL 2012 UPDATES-CHAPTER 4

- Page 4-24
- URINARY INCONTINENCE AND INDWELLING CATHETER CAT LOGIC TABLE
- ADDED:
- #6. RESIDENT HAS MOISTURE ASSOCIATED SKIN DAMAGE AS INDICATED BY M1040H=1

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Questions?

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