

## CDM, CFPP and the MDS Process - Must Document Something!

Barbara Thomsen CDM,CFPP RAC QCP  
Aging Rules Healthcare Consulting

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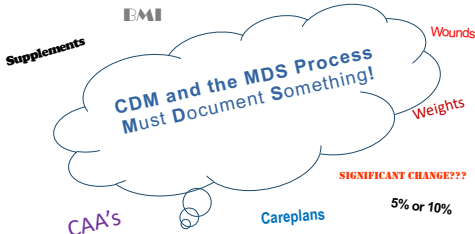
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## **Objectives**

- Knowledge of the Nutrition Data item sets built into the MDS assessment
- Learn the protocols involved for contributing to the MDS Process
- Define the Team Player skills to be an active IDT member

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“Quality of life can be greatly enhanced when care respects the resident’s choice regarding anything that is important to the resident...”CMS

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**Nutrition Care Area Assessment**

Using MDS Information Effectively

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**How Would You Know This Information?**

- Ask the resident- Build a relationship with the resident
- Customary routine section of the MDS
- Interview family members
- Interview friends
- Observe the resident
- Hospital H & P and/or Discharge Summary

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
SNF Quality Reporting  
Program Measure 4





Resident \_\_\_\_\_
Identifier \_\_\_\_\_
Date \_\_\_\_\_

QM = 


CAA =  PDPM = 



SNF Quality Reporting Program Measure 4

### MINIMUM DATA SET (MDS) - Version 3.0

### RESIDENT ASSESSMENT AND CARE SCREENING

### Nursing Home Comprehensive (NC) Item Set

QM = 

CAA =  PDPM = 

SNF Quality Reporting Program Measure 4


#### Section A


**A050. Type of Record**



Enter Code	Description
1.	Add new record = Continue to A0100, Facility Provider Numbers
2.	Modify existing record = Continue to A0100, Facility Provider Numbers
3.	Inactivate existing record = Skip to A0150, Type of Provider

**A010. Facility Provider Numbers**

A. National Provider Identifier (NPI):			
B. CMS Certification Number (CCN):			
C. State Provider Number:			



QM = 

CAA =  PDPM = 

SNF Quality Reporting Program Measure 4

<https://www.brigsohealthcare.com/MDS-3.0-Nursing-Home-Comprehensive-NC-V1.17.1>

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## MDS Types of Assessments

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**A0310. Type of Assessment**

Enter Code	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09	<p><b>A. Federal OBRA Reason for Assessment</b></p> <p>01. Admission assessment (required by day 14)</p> <p>02. Quarterly review assessment</p> <p>03. Annual assessment</p> <p>04. Significant change in status assessment</p> <p>05. Significant correction to prior comprehensive assessment</p> <p>06. Significant correction to prior quarterly assessment</p> <p>09. None of the above</p>
Enter Code	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09	<p><b>B. PPS Assessment</b></p> <p>PPS Scheduled Assessment for a Medicare Part A Stay</p> <p>01. 5-day scheduled assessment (Initial Medicare Assessment)</p> <p>PPS Unscheduled Assessment for a Medicare Part A Stay</p> <p>08. IPA - Interim Payment Assessment</p> <p>Not PPS Assessment</p> <p>09. None of the above</p>

**A0310 continued on next page**

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## Minimum Data Set (MDS)

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**ANFP** Years  
ADVANCING NUTRITION EDUCATION & RESEARCH

**ACE**

DATA → KNOWLEDGE → ACTION


Standardized collection of basic data about residents in three key dimensions

- **Physical**  
(medical conditions, weight, skin condition, vision)
- **Functional**  
(activities of daily living, behavior)
- **Psychosocial**  
(preferences, beliefs, goals, interests, family interactions)

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# The RAI Process



- Method for assessing each resident's functional capacity and needs, identifying problems, needs, and strengths, and developing clinically relevant interventions
- Results of the assessment must be used to develop, review, and revise the resident's comprehensive care plan

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### Care Area Assessment (CAA)

**& Utilization Guidelines start direct thinking...**

- Areas for possible additional concern and investigation
- Whether findings represent a problem or risk requiring further intervention
- Causes and risk factors related to triggered care area
- Formulating a care plan
  - Partial—not total—foundation**



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### Care Area Assessment Triggers

- Significant Changes**  
K0300 & K0310
- Nutritional Status**  
K0200A, K0200B, K0300, K0310, K0510
- Pressure Ulcer**  
K0200
- Dehydration & Feeding Tubes**  
K0510

K0310: Weight Gain CAA

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K0300: Weight Loss CAA

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K0510: Nutritional Approaches CAA

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K0200: Height and Weight CAA

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### RUG Categories Reimbursement

**Special Care High**

- K0300, K0510, K0710

If the MDS is not completed appropriately the facility may be reimbursed at a default rate.



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### Skilled Documentation Nutrition Assessment Notes & MDS Section K

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- Dehydration
- IV Feedings
- Tube Feedings
- Weight Loss/Gain

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### Section K Swallowing/Nutritional Status

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## Section K



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### Section K



#### Section K Swallowing/Nutritional Status

ACE

1	2	3
While NOT a Resident	While a Resident	During Entire 7 Days
<p>2. While a Resident</p> <p>Performed while a resident of this facility and within the last 7 days</p>		
<p>3. During Entire 7 Days</p> <p>Performed during the entire last 7 days</p>		
<p>4. Proportion of total calories the resident received through enteral or tube feeding</p> <p>0 1 2 3 4 5 6 7 8 9 10</p>		
<p>5. Average fluid intake per day by IV or tube feeding</p> <p>0 1 2 3 4 5 6 7 8 9 10</p>		

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## Intent

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Geriatric residents have many conditions that can affect their ability to eat and drink

This can lead to inadequate nutrition

Early recognition and interventions is the key



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### Assess conditions that affect ability to maintain adequate nutrition and hydration



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## How to Code K0100

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K0100. Swallowing Disorder

Signs and symptoms of possible swallowing disorder

☐ Check all that apply
 

☐ A. Loss of liquids/solids from mouth when eating or drinking
 ☐ B. Holding food in mouth/cheeks or residual food in mouth after meals
 ☐ C. Coughing or choking during meals or when swallowing medications
 ☐ D. Complaints of difficulty or pain with swallowing
 ☐ Z. None of the above

- Code a symptom even if it occurred only once in a 7-day look-back period
- DO NOT code a swallowing problem if interventions have been successful in treating the problem!!!
- Check all that apply during the look-back period...

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**K0100 Swallowing Disorder**

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**K0100. Swallowing Disorder**  
Signs and symptoms of possible swallowing disorder

Check all that apply

☐ A. Loss of liquids/foods from mouth when eating or drinking

☐ B. Holding food in mouth/cheeks or residual food in mouth after meals

☐ C. Coughing or choking during meals or when swallowing medications

☐ D. Complaints of difficulty or pain with swallowing

☐ E. None of the above

If D "Complains of difficulty or pain with swallowing"

☐ Need to address a Dental CAA

☐ May also need a SLP intervention

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**Height and Weight / K0200**

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

inches

pounds

A. Height (in inches). Record most recent height measure since the most recent admission/entry or reentry. BMI ≥40

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.). BMI ≥40

Height & Weight measurements are used as a mechanism for monitoring stability of weight over a period of time....CMS

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**K0200 Height**

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

inches

A. Height (in inches). Record most recent height measure since the most recent admission/entry or reentry. BMI ≥40

BMI ≥16.5 or ≥24.9

BMI ≥12 and ≤16.4

- Measure and record height in inches on admission
- Measure consistently over time pr. facility policy & procedures
- Re-measure if last height listed was > 360 days/1 year old

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**K0300 / K0310 Assessment Guidelines** Celebrating 60 INFP Years **ACE**

Does not consider wt. fluctuations outside the 30- and 180-day time frames!

**BUT**

If the resident is losing or gaining significant weight, then you should not wait for the 30 or 180 day time frame to address it...

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**New Admission** Celebrating 60 INFP Years **ACE**

- Ask for weight loss history for past 30-180 days
- Compare admit wt. to any previous recorded wt.'s
- Calculate % of wt. loss if admit wt. is less than previous documented wt.
- Compare and calculate wt. loss to previous 30 and 180 days available wt.'s.

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**Unable to Weigh Resident?** Celebrating 60 INFP Years **ACE**

Because of extreme pain  
Immobility  
Risk of pathological fractures

Then mark the answer using the no information code  
(-) in all the available spaces.  
**BE SURE** and document the reason for no weight available in the resident's chart!

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**K0510 Nutritional Approaches**

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**K0510. Nutritional Approaches** 12  
Check all of the following nutritional approaches that were performed during the last 7 days

	1. While NOT a Resident Perform while NOT a resident of this facility and within the last 7 days. 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 Perform while a resident of this facility and within the last 7 days
	1. While NOT a Resident	2. While a Resident
A. Parenteral/IV feeding <span style="color: red;">12</span>	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube - nasogastric or jejunal (PEG) <span style="color: red;">12</span>	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids) <span style="color: red;">12</span>	<input type="checkbox"/>	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol) <span style="color: red;">12</span>	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

**Nutritional approaches that vary from the normal or that rely on alternate methods...**  
Can diminish an individual's sense of dignity and self-worth as well as diminish pleasure of eating...CMS

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**C. Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids) 12

**Mechanically altered Diet...**  
A diet specifically prepared to alter the texture or consistency of food to facilitate oral intake. Examples include soft solids, pureed foods, ground meat, and thickened liquids. A mechanically altered diet should not automatically be considered a therapeutic diet  
...CMS

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
**K0510 Assessment**

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**D. Therapeutic diet** (e.g., low salt, diabetic, low cholesterol) 12

**Therapeutic Diet**  
A therapeutic diet is a diet intervention ordered by a health care practitioner as part of the treatment for a disease or clinical condition manifesting an altered nutritional status, to eliminate, decrease, or increase certain substances in the diet (e.g. sodium, potassium) ADA, 2011



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**Coding Tips for K0510D**

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**CODING**

Therapeutic diets are not defined by the content of what is provided or when it is served, but **why the diet is required**. *Therapeutic diets provide the corresponding treatment that addresses a particular disease or clinical condition which is manifesting an altered nutritional status by providing the specific nutritional requirements to remedy the alteration.*

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**Coding Tips for K0510D, Cont.**

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**CODING**

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 **part of a therapeutic diet**.

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**Coding Tips for K0510D, Cont.**

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**CODING**

1. **While NOT a Resident**  
 Performed while NOT a resident of this facility and within the last 7 days. 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 while a resident of this facility and within the last 7 days.

1. While NOT a Resident	2. While a Resident
<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply.

*Therefore, supplements (whether given with, in-between, or instead of meals) are only coded in K0500D, Therapeutic Diet when they are being administered as part of a therapeutic diet to manage problematic health conditions (e.g. supplement for protein-calorie malnutrition).*

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**Care Area Assessment (CAA)**

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- Triggered care areas form a critical link between MDS and care planning decisions
- CAAs cover the majority of problem areas known to be problematic for nursing home residents
  - Other areas may need assessment as well
- CAA to be completed with admission, annual and significant change



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**RAI Process Components**

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**Care Area Triggers (CATs)**  
 MDS answer options that provide clues to possible problems, needs, strengths in any of 20 specific care areas (delirium, nutrition,)

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**Section V Care Area Assessment (CAA) Summary**

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**10020. CAA and Care Planning**

1. Check columns A & C if Care Area is triggered.

2. For each triggered Care Area, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment of the care area. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and CAA). Check column B if the triggered care area is addressed in the care plan.

3. Indicate in the Location and Date of CAA Documentation column where information related to the CAA can be found. CAA documentation should include information on the complicating factor, risk, and any referral for this incident for this care area.

Care Area	A. Care Area Triggered	B. Care Planning Decision	Location and Date of CAA Documentation
	1. Check all that apply		
01. Delirium	<input type="checkbox"/>	<input type="checkbox"/>	
02. Cognitive Loss/Dementia	<input type="checkbox"/>	<input type="checkbox"/>	
03. Visual Function	<input type="checkbox"/>	<input type="checkbox"/>	
04. Communication	<input type="checkbox"/>	<input type="checkbox"/>	
05. ADS Functional/Rehabilitation Potential	<input type="checkbox"/>	<input type="checkbox"/>	
06. Urinary Incontinence and Involuntary Catheter	<input type="checkbox"/>	<input type="checkbox"/>	
07. Psychosocial Well-Being	<input type="checkbox"/>	<input type="checkbox"/>	
08. Mood State	<input type="checkbox"/>	<input type="checkbox"/>	
09. Behavioral Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	
10. Activities	<input type="checkbox"/>	<input type="checkbox"/>	
11. Falls	<input type="checkbox"/>	<input type="checkbox"/>	
12. Nutritional Status	<input type="checkbox"/>	<input type="checkbox"/>	
13. Feeding Tube	<input type="checkbox"/>	<input type="checkbox"/>	
14. Dehydration/Fluid Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	
15. Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	
16. Pain/Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	
17. Psychotropic Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	
18. Physical Restraints	<input type="checkbox"/>	<input type="checkbox"/>	
19. Skin	<input type="checkbox"/>	<input type="checkbox"/>	
20. Return to Community Referral	<input type="checkbox"/>	<input type="checkbox"/>	

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## The Triggers



A care area may be triggered by:

- A single MDS response option
- A combination of more than one response options
- A comparison of resident's status on current assessment and prior assessment

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## CAA Documentation



- Written documentation of the CAA findings and decision-making process may appear anywhere in resident's record
- No particular location or format is required
- Section V indicates Location and Date of CAA documentation r/t decision-making

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## V0200A Column A Care Area



### Triggered Coding Instructions

- Facility uses the RAI triggering mechanism to determine which problem care areas require review and additional assessment.
- Triggered care areas are checked in Column A.

CNA Results	Care Area (Check all that apply)	Admission to Unit	Location and Date of CNA Observation
01. Delirium	<input type="checkbox"/>	<input type="checkbox"/>	<b>A. CNA Results</b>  Care Area  <input type="checkbox"/> Check all that apply
02. Cognitive Loss/Dementia	<input type="checkbox"/>	<input type="checkbox"/>	
03. Visual Function	<input type="checkbox"/>	<input type="checkbox"/>	
04. Communication	<input type="checkbox"/>	<input type="checkbox"/>	
05. Functional/Behavioral Potential	<input type="checkbox"/>	<input type="checkbox"/>	
06. Safety/Supervision and Restricting Location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>A. Care Area Triggered</b> <input checked="" type="checkbox"/> Check all that apply

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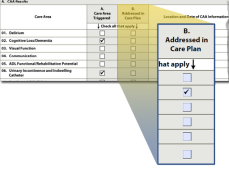
**V0200A Column B**

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**Addressed in Care Plan Coding Instructions**

- Check Column B to indicate a decision to develop a new care plan, revise a care plan, or continue a current care plan to address the problem(s) identified.
- Must be completed within 7 days of completing the RAI.



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**V0200 Location and Date**

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**of CAA Information Coding Instructions**

- Indicate date and location of the CAA documentation.



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**CAA Documentation**

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- The nature of the issue or condition - what is the problem for this resident?
- Causes and contributing factors
- Complications affecting or caused by the care area for this resident
- Risk factors that arise because of the presence of the condition
- Factors that must be considered in developing individualized care plan interventions
- Need for referrals to other health professionals

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# CAA Documentation

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## Popular Formats

- No additional note or summary other than routine chart documentation
  - In section V assessor provides locations in the chart where information is located

In some cases, it may be prudent to write a summary of the CAA information, especially if the assessment documentation in the record is incomplete, unclear, too scattered, or unfocused. It may also be useful to have the information summarized for quick reference by staff

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# Regardless of tool or format, documentation should walk through the evidence of and conclusions about the root causes, contributing factors, risk factors, referrals to other health professionals


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# V0200 CAAs and Care Planning

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## Documents:

- Which care areas triggered and require further assessment?
- Whether or not a care area is addressed in the resident care plan?
- Location and date of CAA information

Reflects the IDT and resident's decisions on which triggered conditions will be addressed in the care plan.



Category	Assessment	Addressed in Care Plan
1. Nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hydration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Elimination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Activity/Exercise	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Safety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Social/Emotional	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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## Documentation

Resident: \_\_\_\_\_
Identifier: \_\_\_\_\_
Date: \_\_\_\_\_

**Section Z**      **Assessment Administration**

**Z010. Signature of Persons Completing the Assessment or Entry/Death Reporting**

I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government funded health care programs is conditional on the accuracy and timeliness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.

Signature	Title	Sections	Date Section Completed
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____

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## The RAI and Care Planning

Care planning requires one to look at the entire picture of the resident. Human beings are complex, and issues should not be looked at in isolation. When considering care planning and goals, a resident's preferences for the care they desire to receive should be honored – whether or not you believe that his or her choices are “good” or “bad.”

Do we make mistakes in care planning and intervention choices?

Can we do everything correctly and still get not so great outcomes?

Is there a way that we can mitigate these types of issues in the care planning process?

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## The RAI and Care Planning

The comprehensive care plan:

- Is an interdisciplinary communication tool
- Must include measurable objectives and time frames and must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being
- Must be reviewed and revised periodically, and the services provided or arranged must be consistent with each resident's written plan of care.

42 CFR 483.25 Quality of Care

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## The RAI and Care Planning


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**INFP** Years  
improving nursing home care

**ACE**

Ultimately, the creation of a sound care plan requires good assessment and clinical problem solving and decision-making.

A well-developed and executed assessment and care plan:

1. Looks at the entire picture of the resident – History, physical assessment and observations
2. Identifies and incorporates the resident's unique characteristics, abilities, strengths, and needs
3. Identifies possible issues/conditions and causes, contributing factors



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## The RAI and Care Planning

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4. Uses data collected to identify resident specific interventions that address a resident's goals – and those goals align with resident preferences for care

S.M.A.R.T. Goals

5. Provides a common understanding of the resident to all disciplines
6. Identifies a process for monitoring and evaluating response to care



SMART Goals image: <http://www.projectsmart.co.uk/smart-goals-objectives.asp>

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## Questions to Ask

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- Have the cause-specific interventions chosen to address a particular resident's physical, functional, psychosocial needs, problems, concerns, risks and goals been met?
- If **yes**, discontinue intervention – maintenance
- If **no** – why not? What needs to change? Examples:
  - Timing of the intervention – priority change
  - Was the original goal over-ambitious? Not ambitious enough?
  - Is the intervention (or aspects of the intervention) causing unexpected results?
  - Is the intervention realistic?



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**Monitoring**

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Monitoring entails the establishment of:

- Monitoring criteria (e.g. goal, timeline, lab testing)
- Process for documenting response to interventions

It requires the ability of clinicians to not only identify response to interventions, but effectiveness as well as adverse consequences of specific interventions

Monitoring allows for the interdisciplinary team to determine the resident's progress towards his or her goal(s) and if changes are needed to the plan of care

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**Evaluation**

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Evaluation is a determination made of the extent to which current and proposed treatments and services have achieved their expected outcomes.

It is an ongoing process that involves:

- Analyzing the success/failure of interventions
- Determining if a modification to the care plan is required
- Input from the IDT and resident, family, other practitioners/specialists (as applicable)

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**Summary**

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**Decision Making & Documentation**

- Formulate clear picture of the resident/patient
- Resident/patient-centered care plan
  - Based on conclusions from the full clinical problem solving and decision making process AND
- Resident preferences, personal goals
- Document basis for conclusions
  - Not just conclusions

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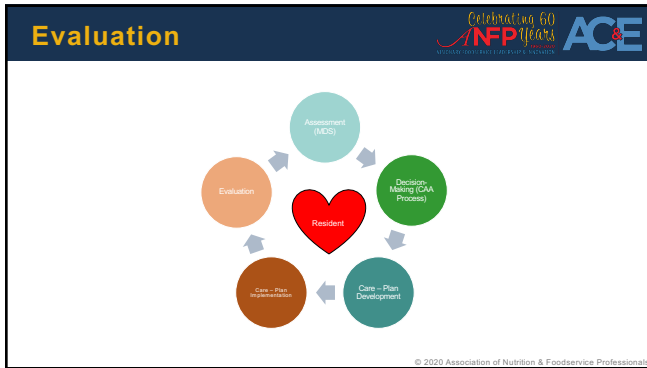
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## Resources



**MDS RAI Manual**  
[https://downloads.cms.gov/files/mds-3.0-rai-manual-v1.17.1\\_october\\_2019.pdf](https://downloads.cms.gov/files/mds-3.0-rai-manual-v1.17.1_october_2019.pdf)



**MDS 3.0 Nutritional CAA's & I Care Plan Manual**  
<https://agingrulesblog.com>

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