



Coding the MDS 3.0... New Items & Key Concepts

Rather than an item-by-item walk through, this focused presentation will emphasize coding on new and significantly changed MDS 3.0 items only.

How is 3.0 different? What do I absolutely need to know? Where should I even begin?

The recently released *MDS 3.0 RAI User's Manual* is 983 pages long, and October 1, 2010 is quickly approaching! In addition to comprehensive, quarterly, PPS and OMRA assessments, we now have *several new types of assessments*, each having their own specific timing and coding criteria (i.e. Discharge, OMRA Discharge, OMRA Start-of-Therapy & End-of-Therapy). Individuals who complete MDS sections on Mental Status, Mood, Daily Activity Preferences and Pain will need to become acquainted with new items and new skills, including appropriate interview techniques outlined by CMS. Several MDS sections, including Behavior (E), Skin (M) & Physical Functioning (G) are *significantly* different. Other sections I, J, N, O & P are greatly expanded or brand new altogether. In addition, a brand new Care Area Assessment process (CAA) has replaced the RAPs. Is it any wonder even the most seasoned staff may have difficulty knowing where to begin?

MDS Coordinators, Unit and Dept. Managers, and Administrators will all benefit from this single day offering. This is not an item-by-item walk through, but rather a focused presentation to get you moving in the right direction, and bring you up to speed on items that are most changed or most complicated to code. *This course is not for beginners...A solid working knowledge of the current process is required.*

Wednesday, September 29, 2010

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What You Will Learn:

- What has most significantly changed with transition to the MDS 3.0.
- Rationale, appropriate use, scheduling and coding for several brand new assessment types.
- New Resident Interviews for Mental Status, Mood, Daily Activity Preferences and Pain.
- Integrated assessments including BIMS (mental status), CAM (delirium), & PHQ-9 (mood).
- Appropriate interview techniques per the new RAI User's Manual.
- Coding significantly changed items: Behavior (E), Skin (M), and Physical Functioning (G).
- New scoring methodology for Section G and the significance as it relates to payment.
- Calculating therapy minutes(O).
- Coding new or expanded sections for Diagnosis (I), Falls (J), Pain (J), Medications (N), Special Treatments (O), Restraints (P).
- Up to the minute update on any RAI manual changes.
- Overview of new interdisciplinary Care Area Assessment process, which replaces the RAPs.
- Pointers and suggestions.... items you should make special note of and why.

Presented By
Judy Wilhide Brandt, RN, BA, RAC-MT, C-NE

Ms. Wilhide Brandt is a MDS/Medicare Consultant specializing in the MDS/RUGS process. She is a Master Teacher for AANAC MDS 3.0 and 2.0 certification courses, and author of a 3 day Medicare course also provided by AANAC. Previously a state surveyor and RAI trainer for the Commonwealth of VA, Judy was responsible for training surveyors in all aspects of the RAI process. Judy also has over a decade of experience in LTC facilities at various positions including: Unit Manager, MDS Coordinator and Director of Nursing. She is a widely sought after presenter and trainer on the RAI process.

Program Schedule

Registration/Continental Breakfast: 8:00 – 8:30 am
Presentation: 8:30 – 4:00 pm
Lunch Provided: Noon – 1pm

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Registration Information

1. Choose Your Session:

___ Har (9/29) ___ Phi (9/30) ___ Scr (10/1)

2. Payment Information:

Discounted Fee: (Payment mailed by 9/15) **\$179/pp**
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The newly released **MDS 3.0 RAI User's Manual** is 983 pages long, and October 1, 2010 is quickly approaching! The MDS 3.0 is radically different, so where do I even begin? Rather than an item-by-item walk through, this focused presentation will emphasize coding for MDS 3.0 items that are new or most significantly changed, and provide an overview of the new CAA process. This course is not intended for beginners...a solid working knowledge of the current process is a must!

**Coding the MDS 3.0...
New Items & Key Concepts**

- What has most significantly changed with transition to the MDS 3.0.
- Appropriate use, scheduling and coding for several brand new assessment types.
- How to perform new Resident Interviews for Mental Status, Mood, Daily Activity Preferences and Pain.
- Completion of integrated assessments: BIMS (mental status), CAM (delirium), & PHQ-9 (mood).
- Appropriate interview techniques per the new RAI User's Manual.
- Coding significantly changed items: Behavior (E), Skin (M), and Physical Functioning (G).
- New scoring methodology for Section G and the significance as it relates to payment.
- Calculation of therapy minutes (O).
- Coding new or expanded sections for Diagnosis (I), Falls (J), Pain (J), Medications (N), Special Treatments (O), Restraints (P).
- Up to the minute update on any RAI manual changes.
- Overview of new interdisciplinary Care Area Assessment process, which replaces the RAPs.
- Pointers and suggestions... items you should make special note of and why as you review the new manual on your own.

Items may not be presented in same order as they appear.

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