



Minimum Data Set (MDS) Significant Change

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Learning Objectives

- Determine the definition of significant change
- Delineate timing for completion of the significant change assessment
- Review RAI guidelines for determining major decline or improvement
- Discuss case studies to determine if a significant change assessment should be completed

Accuracy of Assessments

- MDS must accurately reflect the resident's status as of the Assessment Reference Date (ARD) (42 CFR 483.20(g), F641)
- ARD is also referred to as MDS item A2300
- Accuracy is essential to:
 - Developing appropriate care plan
 - Resulting in Quality Measures (QMs) that adequately reflect resident care
 - Receiving appropriate reimbursement
 - Avoiding appearance of fraud or abuse

Accuracy of Assessments



- *RAI User's Manual* is the definitive resource for MDS coding instructions
 - Always use it when completing MDS items
 - Keep in mind the clarifications, issues of note, and other pertinent information needed to understand how to code each item
 - Ensure you have the most current version (1.17.1)
 - CMS posts updates on its website

Accuracy of Assessments

- Interdisciplinary Process:
 - “Accuracy of Assessment” means that the “appropriate, qualified health professional” correctly documents a resident’s status
 - Assessment must be conducted by “staff that are qualified to assess relevant care areas” and knowledgeable about the resident
 - Assessments must be conducted “with the appropriate participation of health professionals”

Data Collection and Coding Decisions

- Collect information
 - From all sources permitted by the instructions
 - For the time frame of the look-back period only
 - **Look-back is seven days unless rules state otherwise**
 - Anything that happened before or after look-back period does not go on the MDS (exception J1900, RAI pg. J-34)
- Apply the item-specific rules from the *RAI User's Manual* to the data collected

Supporting Documentation

- Any reviewer or auditor of the medical record should be able to come to the same coding decision by reading the chart*



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*Exception: the interviews conducted and documented directly on the form would not be expected to be documented in the medical record

The RAI Process

- Per OBRA '87, residents must be clinically assessed using the MDS:
 - Within 14 days of admission
 - Quarterly
 - Annually
 - When a significant change in status occurs
 - When an uncorrected significant error is identified in a previously completed MDS

OBRA Significant Change in Status (SCSA)

A0310. Type of Assessment	
Enter Code	A. Federal OBRA Reason for Assessment
0 4	01. Admission assessment (required by day 14)
	02. Quarterly review assessment
	03. Annual assessment
	04. Significant change in status assessment
	05. Significant correction to prior comprehensive assessment
	06. Significant correction to prior quarterly assessment
	99. None of the above

SCSA

A0310A = 04

Comprehensive Item Set (NC)

○ Includes CAAs

RAI Manual p. 2-22 – 2-29

Significant Change in Status

- Required when the interdisciplinary team (IDT) determines a resident meets the significant change guidelines for either major improvement or decline
- Can be performed any time after the completion of an Admission assessment
- Completion dates (MDS and CAAs) depend on the date the IDT determination was made that significant change had occurred

Significant Change Definition

Major decline or improvement in resident's status:

Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered “self-limiting”;

Impacts more than one area of the resident's health status; and

Requires interdisciplinary review and/or revision of the care plan

Delving into the Definition

“Self-limiting” = when the condition will normally resolve itself without further intervention or by staff implementing standard disease-related clinical interventions. If the condition has not resolved within 2 weeks, staff should begin a SCSA



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Tips for Determining SCSA

- If it is not clear a resident's status change meets the SCSA guidelines, the IDT can take up to 14 days to make the determination
- If condition does not return to the resident's baseline status in 14 days, then a significant change determination needs to be made and the SCSA scheduled within 14 days of the determination

Points to Remember about Significant Change in Status Determination

- Decline in more than 1 area **or** improvement in more than 1 area = SCSA
- May be change in more than 1 area within same domain, e.g., ADLs = SCSA
- Decline in 1 area and improvement in 1 area \neq SCSA – no assessment needed

Determining SCSA

- Final decision regarding what constitutes a significant change in status must be based on the judgment of the IDT
 - After the IDT determines a resident meets the significant change guidelines, the staff should document the initial identification of the change in the resident’s status in the medical record

Assessment Type/Item Set	MDS Assessment Code (A0310A or A0310F)	Assessment Reference Date (ARD) (Item A2300) No Later Than	7-day Observation Period (Look Back) Consists Of	14-day Observation Period (Look Back) Consists Of	MDS Completion Date (Item Z0500B) No Later Than	CAA(s) Completion Date (Item V0200B2) No Later Than	Care Plan Completion Date (Item V0200C2) No Later Than	Transmission Date No Later Than	Regulatory Requirement	Assessment Combination
Significant Change in Status (SCSA) (Comprehensive)	A0310A = 04	14 th calendar day after determination that significant change in resident’s status occurred (determination date + 14 calendar days)	ARD + 6 previous calendar days	ARD + 13 previous calendar days	14th calendar day after determination that significant change in resident’s status occurred (determination date + 14 calendar days)	14th calendar day after determination that significant change in resident’s status occurred (determination date + 14 calendar days)	CAA(s) Completion Date + 7 calendar days	Care Plan Completion Date + 14 calendar days	42 CFR 483.20 (b)(2)(ii) (within 14 days)	May be combined with any OBRA or 5-Day or Part A PPS Discharge Assessment

Significant Change in Status Assessment



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Appropriate when:

- Determination that a significant change in a resident's condition from his/her baseline has occurred by comparison of resident's current status to the most recent comprehensive assessment and any subsequent Quarterly assessments
- Condition is not expected to return to baseline within two weeks
- Resident enrolls in a hospice program
- Resident receiving hospice services and decides to discontinue services (revokes hospice)
- Resident changes hospice providers

Significant Change in Status Assessment

Another consideration:

- A SCSA would not be appropriate in situations where the resident has stabilized but is expected to be discharged in the immediate future. The nursing home has engaged in discharge planning with the resident and family, and a comprehensive reassessment is not necessary to facilitate discharge planning

SCSA

- **Terminal residents:**

- SCSA not required if decline is expected course of the terminal disease process
- If a terminally ill resident experiences a new onset of symptoms or a condition that is not part of the expected course of deterioration, and the criteria are met for a SCSA, a SCSA is required

SCSA and Hospice Election

- An SCSA is required to be performed when a terminally ill resident **enrolls in a hospice program** (Medicare-certified or State-licensed hospice provider) **or changes hospice providers** and remains a resident of the nursing facility
 - Must be completed regardless of whether an assessment was recently conducted on the resident
 - ARD must be within 14 days from the effective date of hospice

SCSA and Hospice Election

- If resident is admitted on hospice benefit, the facility should complete the Admission Assessment and capture hospice (O0100K)
 - Completing an Admission Assessment followed by an SCSA is not required unless the resident elects hospice AFTER the ARD of the Admission Assessment
- When the hospice election occurs after the Admission Assessment ARD but prior to its completion, facilities may choose to adjust the ARD to the date of hospice election and complete only the Admission Assessment
 - In such situations, an SCSA is not required (p. 2-23)

SCSA and Hospice Discontinues

- An SCSA is required to be performed when a resident receiving hospice services *discontinues* those services (revoking of hospice services)
 - The ARD must be within 14 days of one of the following:
 - The effective date of the hospice revocation
 - The expiration date of the certification of terminal illness
 - The date of the physician's or medical director's order stating resident is no longer terminally ill

SCSA and Hospice Discontinues

- If resident is admitted on hospice benefit but decides to discontinue it *prior to* the ARD of the Admission Assessment, the facility should complete the Admission Assessment, checking the Hospice Care item, O0100K
 - Completing an Admission Assessment followed by a SCSA is not required
- When hospice revocation occurs after the Admission Assessment ARD, but prior to its completion, facilities may choose to adjust the ARD to the date of hospice revocation so that only the Admission Assessment is required
 - In such situations, an SCSA is not required

SCSA

- If there is only one change, staff may still decide that the resident would benefit from an SCSA
- Nursing home staff must document the rationale, in the resident's medical record, for completing the SCSA that does not meet the criteria for completion

Significant Change in Status Assessment

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

Need to Refer for Level II PASRR?

- Preadmission Screening and Resident Review (PASRR)
 - Identifies individuals with mental illness, intellectual disability, or a condition related to intellectual disability that may require special services
- When a significant change in status assessment is being completed for a resident known or suspected to have one of the following:
 1. Mental illness
 2. Intellectual disability
 3. Condition related to intellectual disability

} A referral to the state mental health or intellectual disability/DD authority for a possible Level II PASRR evaluation must promptly occur

Significant Change in Status Assessment

Examples

(This is not an exhaustive list)

SCSA Guidelines

- **Decline** in two or more of the following:
 - Resident's decision-making ability has changed;
 - Presence of a resident mood item not previously reported by the resident or staff and/or an increase in symptom frequency (PHQ-9[©]), e.g., increase in the number of areas where behavioral symptoms are coded as being present and/or the frequency of a symptom increases for items in Section E (Behavior);
 - Changes in frequency or severity of behavioral symptoms of dementia that indicate progression of the disease process since the last assessment;

SCSA Guidelines

- **Decline (cont.):**

- Any decline in an ADL physical functioning area (at least 1) where a resident is newly coded as 3, 4 or 8 (Extensive assistance, Total dependence, Activity did not occur) since last assessment in Section G and does not reflect normal fluctuations in that individual's functioning
- Incontinence pattern changes or there was placement of an indwelling catheter
- Emergence of an unplanned weight loss problem (5% change in 30 days or 10% change in 180 days)

SCSA Guidelines

- **Decline (cont.):**

- Emergence of a new pressure ulcer at Stage 2 or higher, a new unstageable pressure ulcer/injury, a new deep tissue injury or worsening in pressure ulcer status
- Begin to use restraint of any type when it was not used before
- Emergence of a condition/disease in which a resident is judged to be unstable

SCSA Guidelines

- Improvement in two or more of the following:
 - Any improvement in ADL physical functioning areas (at least 1) where a resident is newly coded as Independent, Supervision or Limited assistance since last assessment and does not reflect normal fluctuations in that individual's functioning;
 - Decrease in the number of areas where behavioral symptoms are coded as being present and/or frequency of a symptom decreases;
 - Resident's decision-making improves;
 - Resident's incontinence pattern improves

SCSA or Not?

- SCSA not required under the following circumstances:
 - Short-term acute illness from which the IDT expects full recovery
 - Well-established, predictable cyclical patterns of clinical signs and symptoms associated with previously diagnosed conditions (bipolar disease, etc.)
 - Resident continues to make steady progress under current course of care
 - Resident has stabilized and discharge is expected in the immediate future

Significant Change in Status Assessment Timing



- After determination has been made that a resident meets the guidelines
 - Document the initial identification in the clinical record
 - Significant change assessment must be completed (MDS/CAAs) within 14 days of determination (ARD + 14 calendar days)

SCSA

- SCSA timeline:
 - **ARD** must be set less than or equal to 14 days of determining the need for an SCSA (determination date + 14 calendar days)
 - **V0200B2 (CAA completion) and Z0500B (MDS completion)** must be no later than 14 days after determining that criteria for SCSA are met

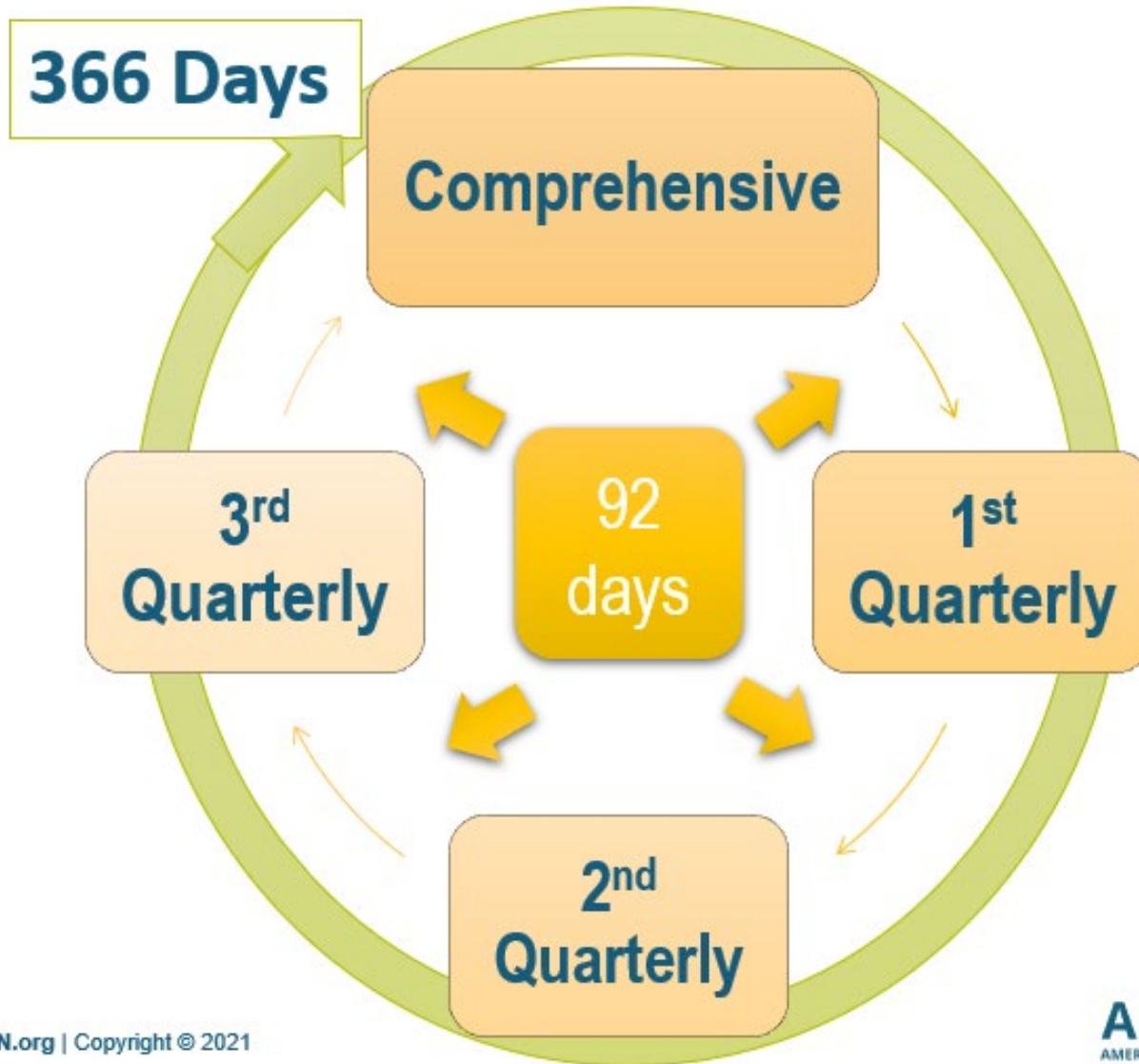
It's Comprehensive ➤ CAAs

- Review all triggered care areas compared to the resident's previous status
- If the CAA process indicates no change in a care area, then the prior documentation for the particular care area may be carried forward, and
- The nursing home should specify where the supporting documentation can be located in the medical record

SCSA Impact on Assessment Cycle

- Completion of a Significant Change in Status Assessment will reset the OBRA Cycle (assessment timing and scheduling)
 - Next OBRA assessment will be a Quarterly within 92 days after the ARD of SCSA
 - Next comprehensive OBRA assessment would be scheduled within 366 days after the ARD of the SCSA

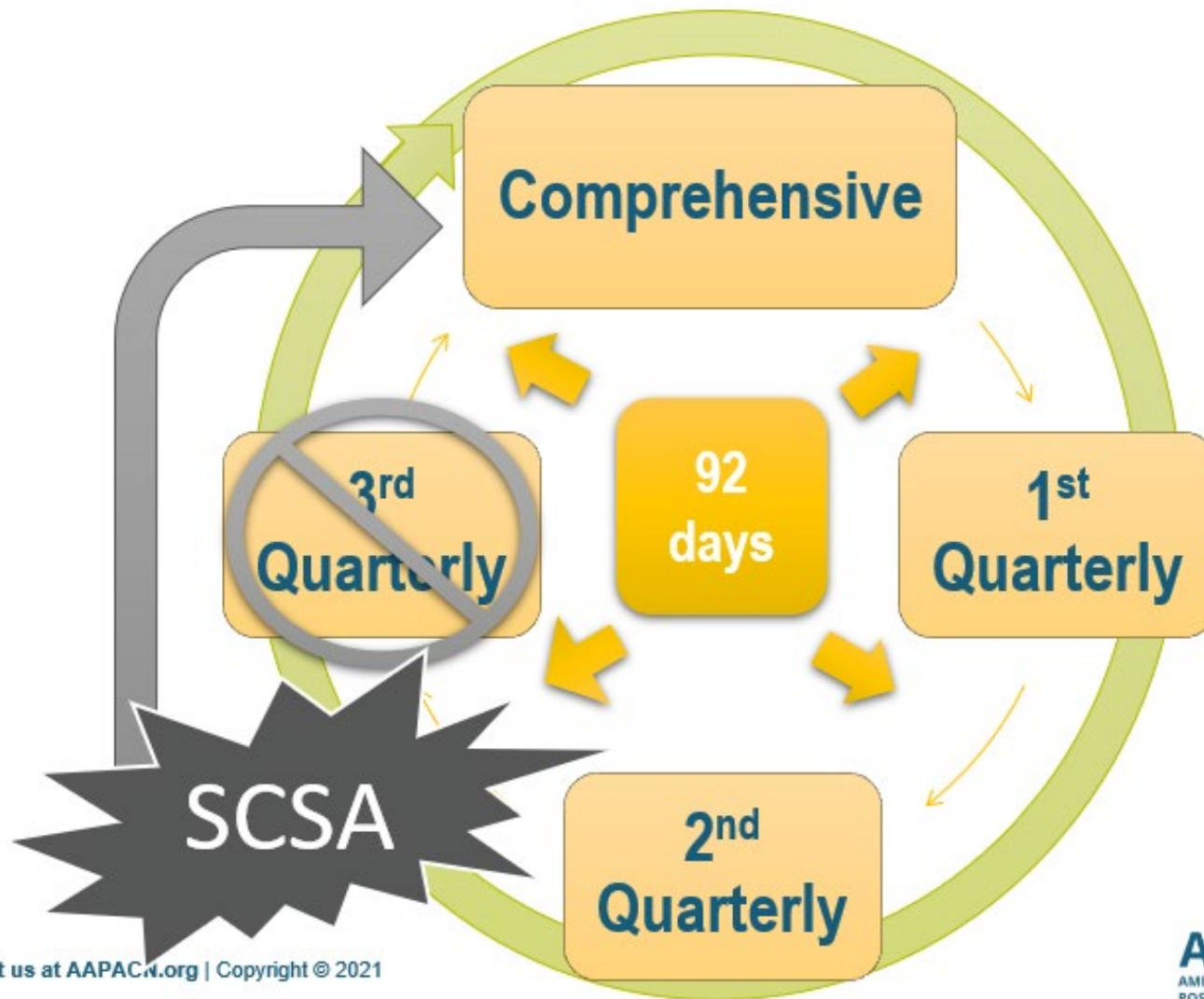
OBRA Assessment Cycle



OBRA Assessment Cycle



OBRA Assessment Cycle



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Let's Talk

February

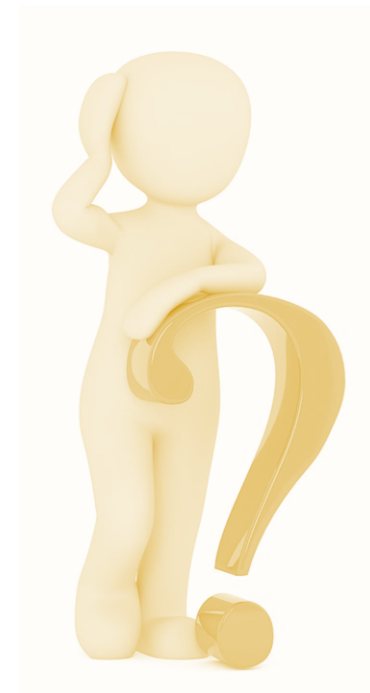
1	2	3	4 Hospice elected	5 SCSA ARD	6	7
8	9	10	11	12	13	14 Expired

What do we do?



Think About...

- Resident readmitted to nursing home from the hospital
- The IDT determined that the resident had experienced a significant change in their health status
- The ARD was set and the SCSA was completed within the 14-day window
- On day 16, the resident elected the hospice benefit
- What do you do?



Survey Implications



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Description #1

- Resident is an 88-year-old male. He was originally admitted to the nursing home on 12/17/XX, hospitalized briefly on 12/23/XX, and returned to the nursing home on 12/25/XX
- During first 4 weeks, he experienced severe (16%) unplanned weight loss and a small unstageable pressure injury to the buttock

Description #2

- Quarterly MDS had an ARD of 7/18/XX, showed the resident was cognitively intact, had minimal depression, no behaviors, required limited assistance with her ADLs and had no weight loss or gain
- Annual MDS (ARD 10/17/XX) reflected the resident needed extensive assist with her ADLs with changes in bed mobility, transfers, dressing, eating, toilet use, personal hygiene, bathing and bowel and bladder. She also had a fall on 10/11/XX using her wheeled, sit-down walker, which affected her condition and a feeling for requiring more help with ADLs



Description #2 (continued)

- During an interview on 11/12/XX at 2:10 p.m., MDS Coordinator, stated the significant change MDS was not completed because the facility expected her to return to her baseline level of care



Other Cites

- Failure to complete assessment when resident entered hospice
- Resident with a PASRR Level II did not have a significant change assessment completed when he/she returned from the hospital for a behavior evaluation
- Resident admitted to hospice care and another resident had acquired sacral pressure ulcers and had two or more ADLs care declined
- Resident went from walking with assistance and transferring, to not being able to walk safely independently and not being able to transfer safely independently

Consider:

Admission MDS	Quarterly – 92 days later
Bed mobility = 2/2	Bed mobility = 3/3
Locomotion/unit = 3/2	Locomotion/unit = 3/3
Dressing = 2/2	Dressing = 3/3
Personal hygiene = 2/2	Personal hygiene = 3/2

Consider:

Annual MDS	Quarterly – 92 days later
Dressing = 0/1	Dressing = 3/2
Toilet use = 0/1	Toilet use = 3/2
	2 stage 2 pressure injuries

Question from a NAC

Q. During his stay a resident developed an eschar cap on heel. After two weeks of observation to determine if this is going to be a significant change, the eschar cap is still there. Is this a significant change?

A. Assuming there is no other functional status or medical change, this example would be only one area of decline and would not meet the criteria for significant change.

Thank you!

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