

HHI MDS  
8 Week (Level 1)  
Boot Camp  
Introduction to the RAI Process

Week 1  
5.5.21

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Harmony Healthcare International (HHI)  
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HHI C.A.R.E.S. About Care

**Compliance | Analysis | Audit | Regulatory | Rehabilitation  
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## About Kris

Kris Mastrangelo OTR/L, LNHA, MBA  
President and CEO

Owns and operates  
Harmony Healthcare International (HHI) a  
Nationally recognized, premier Healthcare  
Consulting firm specializing in **C.A.R.E.S.**  
There are no nonfinancial disclosures to  
share.

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## About Joyce

Joyce Sadewicz PT, RAC-CT

VP of HarmonyHelp

Employed by Harmony Healthcare International (HHI) for over 10 years, managing a diversified team of HealthCARE Specialists with extensive knowledge in the areas of MDS 3.0, PDPM, Compliance, Documentation, Therapy Program development, as well as expertise in Medicare and Medicaid Reimbursement and Documentation. There are no nonfinancial disclosures to share.

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# Educational Activity Completion

## Requirements for Successful Completion

**1 contact hour** will be awarded for this continuing nursing education activity. **Criteria for successful completion includes:**

Attendance for 100% of the 1-day course or individual, 3 hour module (2 and 3 day trainings requires at least 80% attendance). Contact hours will be awarded for time

Must complete **post course exam within 1 week** of the course and course/teacher evaluation.

Clearly demonstrate the learning outcome of the program.

Participants will receive a **certificate of completion** immediately following completing the above requirements.

# CEU Disclosure

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Approval of this continuing education activity does not imply endorsement by **AOTA** and **NAB** of any commercial products or services.

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# Speaker and Planning Committee Disclosure

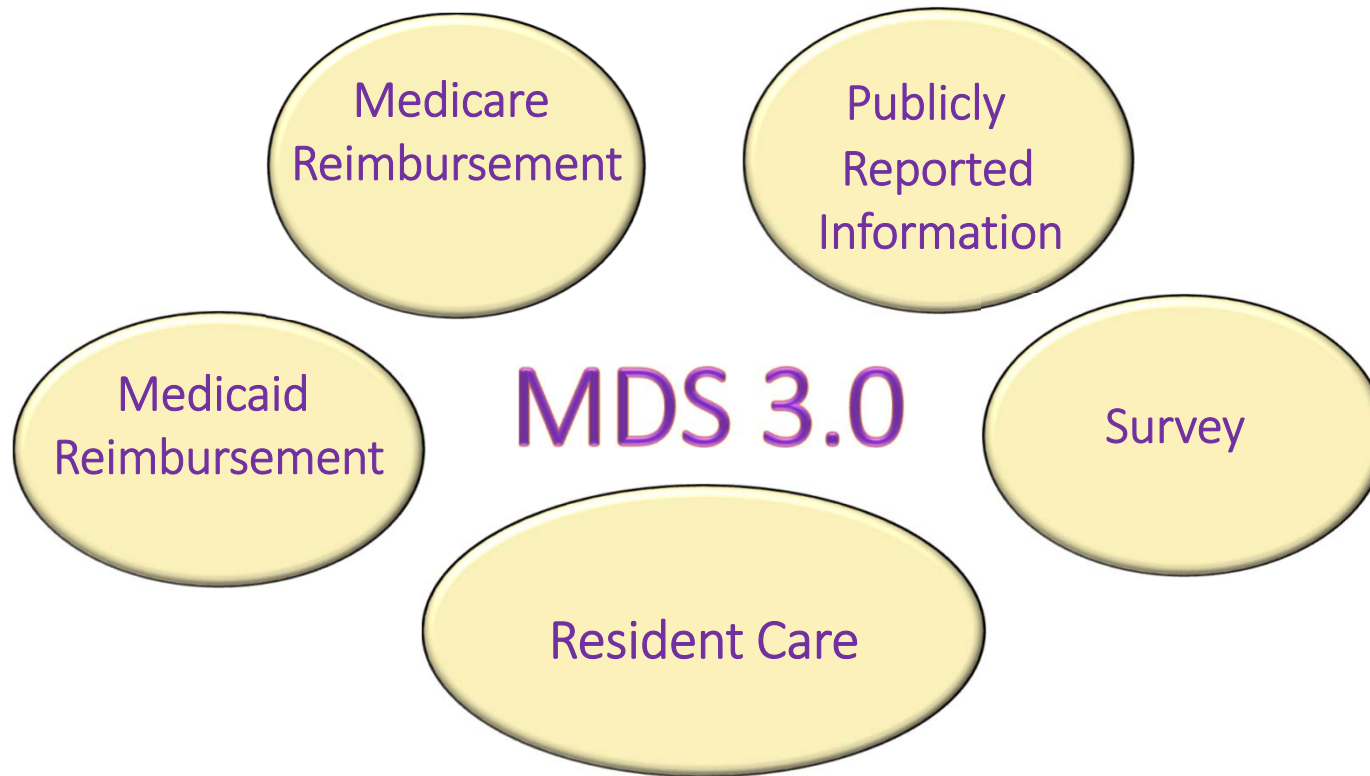
- **Disclosures:** The planners and presenters of this educational activity have no relationship with commercial entities or conflicts of interest to disclose. Please visit <https://www.harmony-healthcare.com/hhi-team> for all speaker's financial and nonfinancial disclosures
- **Planners:**
  - Kris Mastrangelo, OTR/L, LNHA, MBA
  - Joyce Sadewicz, PT, RAC-CT
  - Pamela Duchene, PhD, APRN-BC, NEA, FACHE
- **Presenter:**
  - Kris Mastrangelo, OTR/L, LNHA, MBA
  - Joyce Sadewicz, PT, RAC-CT
  - Cheryl DuBois, RN

# Learning Objectives

1. List **5 areas** the MDS 3.0 assessment tool **directly impacts/influences**.
2. List the **three components** of the RAI.
3. Discuss the **purpose** of the RAI process.
4. List **three sources** of information that can be used to complete the RAI.
5. Identify **three areas that are impacted** by accurate MDS coding.
6. State the **overall goal** of the RAI process.

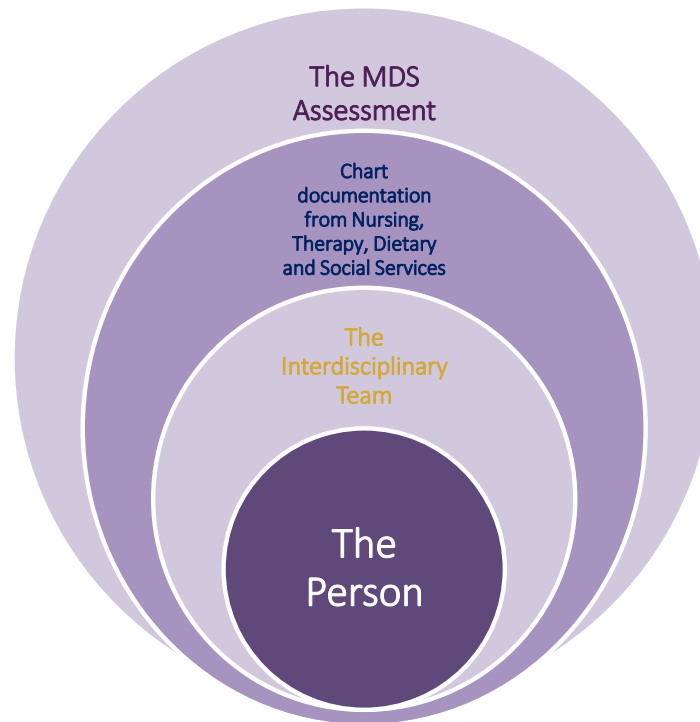


# Purpose of the MDS 3.0



# Resident Assessment Instrument (RAI)

The person is the center of it all



# Resident Assessment Instrument (RAI)

- The RAI consists of three basic components:
  - Minimum Data Set (MDS)
  - Care Area Assessment process (CAA)
  - RAI Utilization Guidelines



# Scheduling Assessments



## WHO must be assessed through the RAI Process?

- MDS Assessments **MUST** be completed and transmitted per the regulated schedule for all residents who are in Medicare and/or Medicaid Certified **Beds**.
- MDS Assessments for persons **NOT** in a Medicare and/or Medicaid Certified bed are **not required** and **cannot be transmitted** to CMS through the QIES System.

# Scheduling Assessments



## WHO must be assessed through the RAI Process?

- Facilities may have Assisted Living beds or “non-Certified” beds in addition to their Medicare and/or Medicaid Certified beds.
- As far as CMS is concerned for MDS Assessments, those beds do not exist.
- Residents who go back and forth between a Certified bed and a non-Certified bed will require MDS assessments while they are in a Certified bed, but when they return to their non-Certified bed, they will be discharged through the MDS as though they left the facility entirely.

# Scheduling Assessments



## WHOM must be assessed through the RAI Process?

- The RAI Process works if you work the processes.
- It is an effective, efficient tool to guide the **planning of care** in the nursing home or AL setting because it uses a proven problem-solving method.
- Your company may **require** by policy that MDS Assessments are completed for all residents, regardless of whether they are in a Certified bed, but these assessments are not transmitted through QUIES.

# Resident Assessment Instrument (RAI)

- The Minimum Data Set (MDS):
  - Core set of screening, **clinical** and **functional** status elements
  - **Foundation** of the Comprehensive Assessment for nursing home residents
  - **Standardized** to ease communication between nursing homes and outside agencies

# Resident Assessment Instrument (RAI)

- The Care Area Assessments (CAA):
  - Assists the assessor to systematically **interpret** the information recorded on the MDS
  - **Determine** if the **triggered care area** requires a **Care Plan**
  - **Identify risks** to the resident and complicating factors in their care
  - Format is not mandatory, but **content is mandatory**



# Resident Assessment Instrument (RAI)

- The Utilization Guidelines (Manual):
  - Provide **instructions** for **when** and **how** to use the RAI
  - Instructions for **completing the MDS**
  - Structured frameworks for **synthesizing the MDS** and other clinical information

# Resident Assessment Instrument (RAI)

- The Utilization Guidelines (Manual):
  - The RAI User’s Manual is a **free resource**, provided by Centers for Medicare and Medicaid Services (CMS)
  - Option to buy from some companies
  - Updated when regulations change
  - Updates and Manual are posted:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

# Resident Assessment Instrument (RAI)

- The Utilization Guidelines (Manual):
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# Resident Assessment Instrument (RAI) Manual Chapters

1. Resident Assessment Instrument (RAI)
2. Assessments for the Resident Assessment Instrument (RAI)
3. Overview to the **Item-By-Item Guide** to the MDS 3.0
4. **Care Area Assessments (CAA)** Process and Care Planning
5. **Submission and Correction** of the MDS Assessments
6. **Medicare Skilled Nursing Facility Prospective Payment System (PPS)**

# Resident Assessment Instrument (RAI) Manual

## Appendices

- Appendix A: Glossary and Common Acronyms
- Appendix B: State Agency and CMS Regional Office RAI/MDS Contacts
- Appendix C: Care Area Assessment (CAA) Resources
- Appendix D: Interviewing to Increase Resident Voice in MDS Assessments
- Appendix E: PHQ-9 Scoring Rules and Instruction for BIMS (when administered in writing)
- Appendix F: MDS Item Matrix
- Appendix G: References
- Appendix H: MDS 3.0 Item Sets

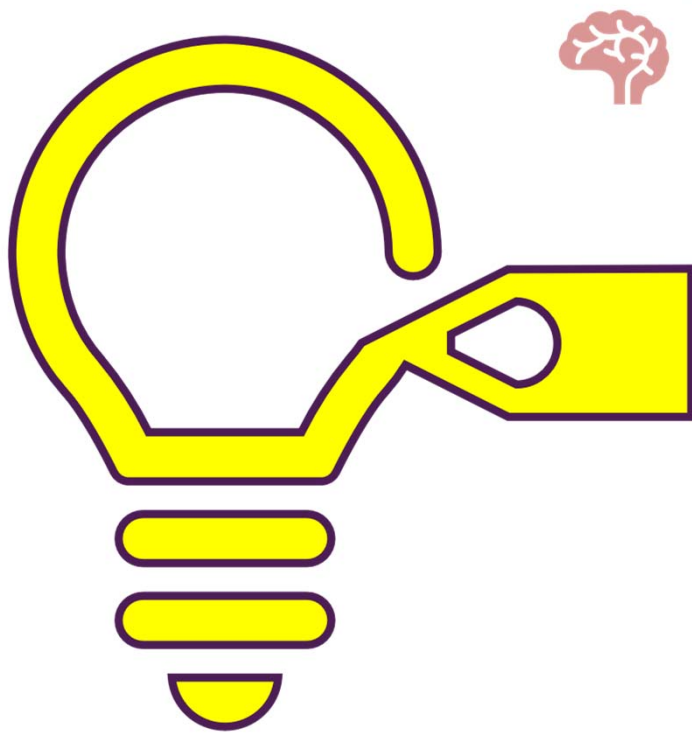
# Purpose of the RAI

- RAI was mandated by the **OBRA '87 Regulation**
- The primary purpose of the MDS was to be a **functional** assessment tool
- This tool is used to **identify potential resident care areas** for Care Plan development
- **Problems identified** are then addressed in the **individualized resident Care Plan**

# Purpose of the RAI

- **Develop a Person-Centered Care Plan** with each beneficiary and provide services in accordance with the Care Plan
- Provide services **to attain or maintain the highest practicable physical, mental and psychosocial well being** of each beneficiary in accordance with the Care Plan
- Plan for each beneficiary's discharge as desired to ensure **safe transition to next care settings**

# Quiz



What are the **3 Components** of the RAI?

- The MDS Assessment
- The Care Assessment Process (CAAs)
- RAI Utilization Guidelines

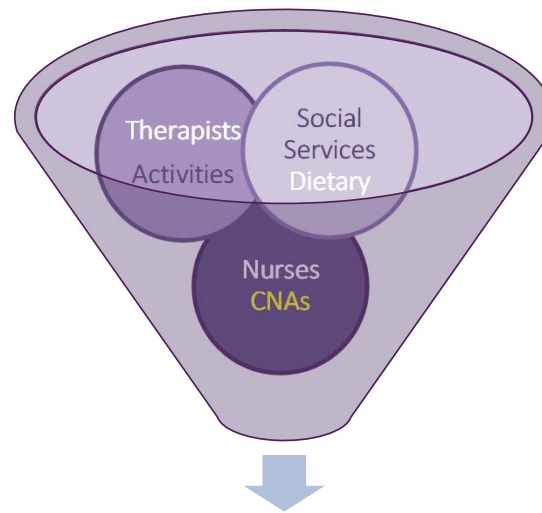


## 42CFR 483.20 Regulations Require

- The assessment **accurately reflects** the resident's status
- A **Registered Nurse** conducts or coordinates each assessment with the appropriate participation of health professionals
- The **assessment process** includes **direct observation**, as well as **communication** with the **resident** and **direct care staff** on all shifts

# 42CFR 483.20 Regulations Require

Who is a “Healthcare Professional?”



Person Centered Care Plan

# Where Can I Obtain This Information?

- Completion of the RAI is **best accomplished** by an Interdisciplinary Team that includes nursing home staff with varied backgrounds, including nursing staff and the physician
- An **RN must conduct or coordinate the assessment** and **sign that it is complete**
- Accurate assessment requires that information be **collected from multiple sources**

# Where Can I Obtain This Information?

- Sources of RAI coding information:
  - Resident observation and interview
  - Direct care staff (all shifts)
  - Medical record documentation
  - Physician
  - Family, guardian or significant other
- All coded items must be validated for accuracy by the IDT completing the assessment

# Where Can I Obtain This Information?

## The MDS as a “Source Document”

- The original RAI Manual 2.0 Published in 1995 identified the MDS as a “source document.”
- Generally, this means that the document was self-supporting. If the person completing the MDS interviewed staff and directly coded the result in the MDS, it did not have to be documented in the chart as well.
- The MDS assessment changed in 2010 with MDS 3.0 with expanded data collection and giving the residents a voice in the form of interviews.
- The term “source document” is no longer in the RAI manual
- Accurate charting is a standard of clinical practice.

# Where Can I Obtain This Information?

- CMS has no specific documentation requirements for completing the RAI
- Good clinical practice for documentation is an expectation of CMS
- Completion of the MDS does not remove responsibility to document a more detailed assessment in the medical record

Source: MDS 3.0 RAI Manual v1.17.1\_October 2019, page 1-8;

[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)

# Quiz



Can you name 3 areas impacted by accurate MDS Coding?

- Person-Centered Care
- Survey
- Reimbursement
- Publicly Reported Information

# Linking the RAI to All Aspects of Long-Term Care





# Linking the MDS 3.0 Assessment With the Care Plan

- The Care Plan shows how we plan to provide services to the patient for actual or potential problems, strengths and needs
- Care Area Assessments (CAAs) are the link between the MDS and the individualized resident Care Plan
- Issues discovered during the RAI process must be addressed to determine Care Planning needs
- MDS accuracy leads to identifying areas that require a Care Plan, and to meeting all the patient's needs

# Linking the MDS 3.0 Assessment with Accurate Reimbursement

- The MDS measures **acuity and resource utilization**
- A key step in denials management and prevention is to **support MDS coding through medical record documentation**
- Lack of medical record documentation for key items on the MDS may create the **appearance of fraud or abuse**

# Quiz



TRUE or FALSE: Coding a clinical observation in the MDS is the same as documenting it in the medical record.

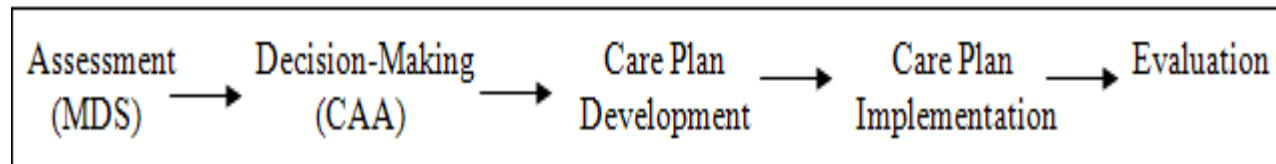
- FALSE- Clinical documentation in the chart is a CMS expectation. It is not fulfilled by coding the MDS.

# Linking the MDS 3.0 Assessment with Publicly Reported Information

- The MDS 3.0 assessment generates the resident level and facility level Quality Measures
- Some Quality Measures are reported publicly through Nursing Home Compare at:  
<https://www.medicare.gov/nursinghomecompare/search.html>
- The Five-Star Quality Rating and SNF Quality Reporting Program is affected by certain Quality Measures (more later...)

# Overall Goal of the RAI Process

- The delivery of care to meet the needs of a resident is based upon the completion of a Comprehensive Assessment (MDS) and the development of a resident-centered Care Plan based upon the MDS findings



# Overall Goal of the RAI Process

Does all of this sound familiar?



Of course, it does.

ADPIE – Assess, Decide, Plan, Implement, and Evaluate is the nursing process!

# Overall Goal of the RAI Process

- The RAI Structure is designed to:
  - Enhance resident care
  - Increase the resident's active participation in care
  - Promote the resident's quality of life
  - Create a system of “hands-on approach” that involves all disciplines
  - Address the patient's needs holistically
  - Allow for good communication and tracking of the resident's care

# Overall Goal of the RAI Process

- The RAI provides each resident with:
  - A **standardized, comprehensive, reproducible** assessment
  - An assessment of the **patient's ability** to perform day to day life functions
  - Identification of **significant impairments** in the patient's functional capacity
  - Opportunity for **inclusion of resident's voice** through direct interview
  - **Standardized** communication



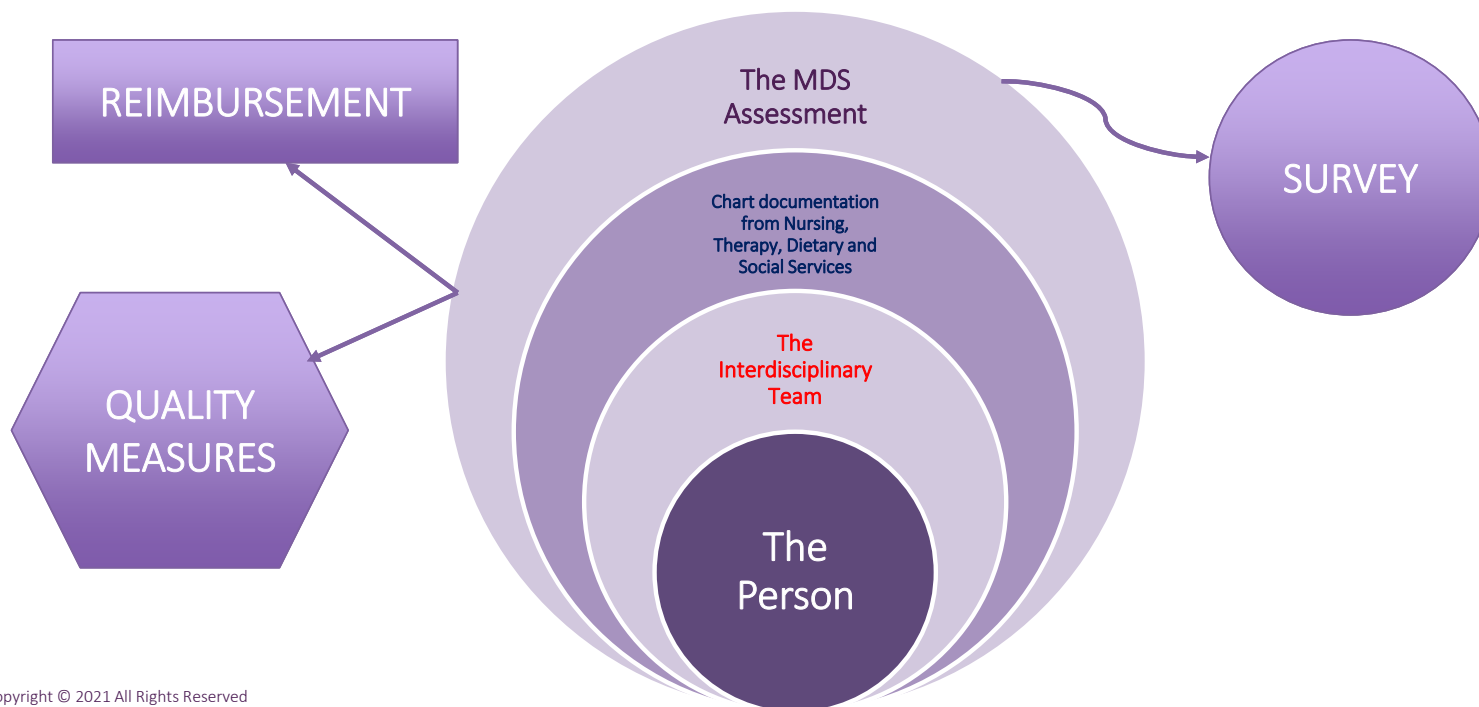
# Overall Goal of the RAI Process

- The facility must develop a Care Plan that meets these guidelines:
  - Individualized
  - Comprehensive
  - Measureable goals
  - Timetable to meet the goals

**Key Point: The Goal of the RAI Process is the Resident Centered Care Plan**

# Resident Assessment Instrument (RAI)

The person is the center of it all



# Quiz Question



What is the GOAL of the RAI Process?

## Quiz Answer



What is the GOAL of the RAI Process?

Person-Centered Care.

The development of a Person-Centered Plan of Care that guides care and services to attain or maintain the person's highest practicable physical, mental and psychosocial well being

# Homework



1. List **5 areas** the MDS 3.0 assessment tool **directly impacts/influences**.
2. List the **three components** of the RAI.
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5. Identify **three areas that are impacted** by accurate MDS coding.
6. State the **overall goal** of the RAI process.

# Questions?



# BUT WAIT! There's More...

## Coming Next Week

- Minimum Data Set (MDS) Scheduling, Basics and Coding Part 1 (A)
  - The Lookback Periods
  - Scheduling Assessments
  - Completing Section A

# BUT WAIT! There's More...

## Boot Camp Challenge:

- Define the term “Lookback Period” as it relates to the MDS Assessment



Thank You!

 **Kris B Harmony**  
Knowledge | Inspiration | Motivation



## Connect With Kris

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## Connect With HHI Follow Our Weekly Blog

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## Our Process

- Prescribed **medical record review process** that encompasses HHI's core business
- HHI Specialists provide expertise through teaching and training and an extensive chart audit process in order to ensure:
  - MDS Accuracy
  - MDS Supporting Documentation
  - Billing Accuracy
  - Nursing Documentation
  - Therapy Documentation
  - Clinically Appropriate Care



## HHI Services and Plans

Gold C.A.R.E.S.  
2 Year Service Plan

Platinum C.A.R.E.S.  
3 Year Service Plan

PDPM Training and Audits | Medicare | Compliance | Rehab Program Development | Seminars | MMQ Audits | Mock RAC Audits | Rehab Certification | Mock Health Inspection Survey | MDS Competency | Talent Management | Denials Management | Compliance Certification | Clinically Appropriate Stay | QAPI | QIS | Medicare Part B Program | MDSC Mentor Program | Case Mix Consulting | Professional Development | Leadership Trainings | Regulatory and Survey Assistance | Five Star | PBJ | Quality Measures | Analysis | Staff Training | Infection Control and More!

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1 Year Service Plan

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Customized Service Plan

## List of HHI Services



## Our Senior HHI Specialists

- Founded in 2001
- Privately owned and operated
- Ranked among Inc. Magazine's top 5,000 fastest growing private companies in America three years in a row
- Active monthly contracts in 24 states
- Over 1,000 Skilled Nursing Facilities serviced
- Over 3,000 Clinicians Certified on the MDS



<https://www.harmony-healthcare.com/harmonyhelp>

Live **Support** Available  
8:00 a.m. – 5:00 p.m. EST

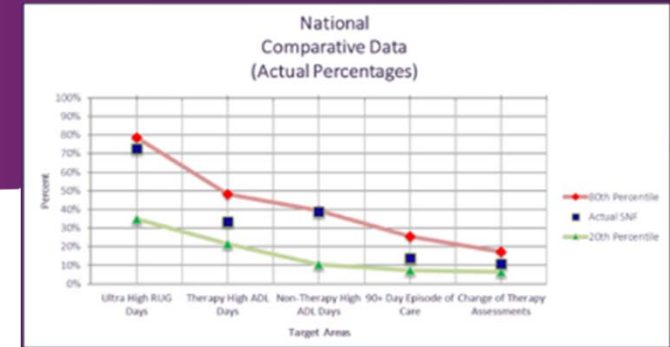
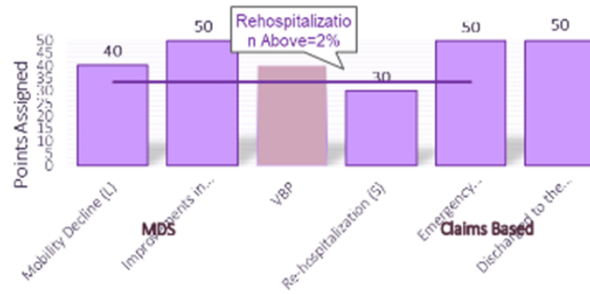
## HarmonyHelp

With **HarmonyHelp**, Harmony Healthcare International (HHI) provides an invaluable resource for the entire interdisciplinary team. Imagine having questions answered by a HHI Specialist within minutes of the inquiry. Fill out the form on the right to learn more about HarmonyHelp and our various Service Plans.

The Knowledge Center is loaded with **information** that will assist with your daily responsibilities at your facility. This self-help site is broken up into **5 Sections**:

**Manuals | Tools | C.A.R.E.S. Community | Hot Topics  
| FAQ (Frequently Asked Questions)**

Month	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17
Total Part A Revenue	\$189,711.70	\$202,597.35	\$228,482.48	\$176,144.00	\$192,332.99	\$148,861.18
Rehab Revenue	\$181,514.58	\$201,631.41	\$227,975.42	\$175,546.71	\$190,248.65	\$146,559.14
Therapy Portion	\$80,465.58	\$83,667.77	\$100,444.39	\$79,055.93	\$86,172.60	\$67,534.29
% Therapy Portion	42.4%	41.3%	44.0%	44.9%	44.8%	45.4%
% Therapy of Total Revenue	95.7%	99.5%	99.8%	99.7%	98.9%	98.5%
% Therapy RUG Days (P)	93.9%	99.4%	99.6%	99.5%	98.6%	97.5%
Part A Rate	\$442.22	\$434.76	\$464.40	\$465.99	\$453.62	\$462.30
% of Max Rate	61.9%	60.9%	65.0%	65.3%	63.5%	64.8%
ADC	14.30	15.03	15.87	13.50	13.68	10.73



# Complimentary HHI Offerings

- PDPM Revenue and Risk Analysis
- Medicare Part A Revenue and Risk Analysis
- Five-Star Quality Measure Points Analysis
- PEPPER Analysis



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