

WEBINAR SERIES

Basic MDS 3.0 Training and Competency Program



Sept. 9, 16, 23, 30, 2021

Oct. 7, 14, 2021

1 – 2 p.m. CT

Registration Deadline:

Sept. 7, 2021

Questions?

Contact LAI at 515-440-4630

or email us at

info@leadingageiowa.org

Refund Policy

No-shows will be billed. No refunds for failure to log-in at the time of the event. Substitutions welcome anytime via email. All cancellation and substitution requests must be emailed to Amy Huisman

(ahuisman@leadingageiowa.org).

A full refund will be given to all cancellations received 10 or more business days prior to the program. A \$50 administrative fee will be charged to all cancellations received six to nine business days prior to the program. No refunds will be given to cancellations received five or fewer business days prior to the program. Refunds will be calculated by the date received and the LeadingAge Iowa business days remaining prior to the program. LeadingAge Iowa reserves the right to cancel the program due to insufficient enrollment in which case pre-registered participants will be notified and full refunds provided.

Register at

www.LeadinAgeIowa.org

5031-21

This event is scheduled in a virtual, live-streaming webinar format. To meet the regulatory and education requirements, participants must stay for the entire event to receive credit. Sign-in and sign-out times, as well as attentiveness, will be verified before credit is issued. Contact [Amy Huisman](#) for details or questions.

Overview

This six-session, virtual program will present the foundational structure of the MDS assessment process, with candid, concise, and interactive sessions. These sessions will create a basic level of competency for all participants to better understand the structure and formats necessary for documentation accuracy and MDS data formulation. Offered weekly in one-hour sessions, the series will be a practical intervention to improve staff competency related to the assessment process and definitions. The sessions will have one hour of CE credit awarded by NAB with an optional competency certificate for those participants who attend all six sessions and complete the competency test at the conclusion of the programs with an 80% score or higher.

Who Should Attend

MDS coordinators, DON and other nurse leaders, skilled nursing facility interdisciplinary team, operational leadership, clinical managers, and fiscal managers. This program is appropriate for SNF/NF.

Faculty

Leah Klusch, RN, BSN, FACHCA, The Alliance Training Center, Alliance, OH

Leah Klusch is the founder and director of The Alliance Training Center, an educational foundation focused on geriatric care issues in Alliance, OH, and the author of numerous published articles in industry journals, periodicals, trade publications, books, video trainings, and lectures nationally on current industry topics. Klusch is passionate about her work and her energy is contagious when helping clients. Her ability to focus on learning rather than teaching makes her a welcomed and applauded industry speaker, educator, and nurse leader. As a health care industry consultant with a penchant for bridging clinical, financial, and compliance needs in an easy-to-understand, fun way, Klusch's insights are captured and read throughout the industry, online as well as offline.

Module 1: The MDS 3.0 Assessment: Regulatory Requirements, Scheduling, Assessment Types and Connection of Data to Payment (PDPM), QMs and Care Planning

Thursday, Sept. 9, 2021 1 – 2 p.m. CT

Understanding of the MDS 3.0 assessment process begins with a review of the basic definitions, structure of the assessment document, and the regulatory scheduling of various assessment types. Skilled facility staff need to be aware of these requirements because they are the structure for documentation formats and timing of assessment tasks. This interactive session will discuss the fundamental guidelines and requirements members of the IDT and front-line care delivery staff need to use for their documentation of care and observations of the resident's status. Accurate, timely documentation produces accurate payment rates, quality measures, and outcome statistics.

- Identify the regulatory structure of the assessment process as it establishes the scheduling and content of MDS 3.0 assessments.
- Describe the components of documentation that all staff and consultants need to understand to support accurate data for the MDS 3.0
- Review the specific data that has a significant impact of PDPM payment, quality measures, and outcome statistics.

Module 2: MDS Interviews – MDS 3.0 Sections C, D, E, F, G, J, Q. The Timing, Content, Scoring, and Documentation of Interview in the Medical Record

Thursday, Sept. 16, 2021 1 – 2 p.m. CT

A significant part of the MDS 3.0 assessment process is connected to “Resident Voice.” The current assessment process has 6 interviews on the admission assessment, 5 interviews on the annual assessment, and 3 interviews on the quarterly assessment. This session will review the components of each interview and staff assessment to prepare all staff for the data collection to this area. Very few staff are aware of the purpose and the importance of documentation of the resident’s reaction to care, mood issues, and basic cognitive issues. All staff need to understand the interview process and the focus of each tool so they can document issues properly. Discussion will include case examples and documentation tools.

- Identify the 6 interviews in the MDS 3.0 assessment process on their contribution to “Resident Voice.”
- Describe the unique structure of each interview and the impact of the scoring in the database.
- Discuss proper interviewing techniques and the general guidelines on Appendix D of the RAI manual.

Module 3: MDS Clinical Data – Sections B, E, H, J, L – Definitions, Documentation Coding Instructions and Impact on Payment (PDPM)

Thursday, Sept. 23, 2021 1 – 2 p.m. CT

The MDS 3.0 assessment process relies on the directions, definitions, and steps for the assessment in the RAI Manual. The sections of the MDS that are focused on this session have significant, very specific guidance for the clinical, and behavioral staff. Documentation content and timelines will be identified, and case studies will be discussed. Many of the processes and timelines need to become part of the facility data collection process. This session will present strategies to improve staff understanding of the specific definitions, measurements, and criteria for the data collection. The discussion will be focused on the knowledge base of the IDT and clinical staff and their understanding of the importance of the accuracy documentation and clinical definitions. Specific case examples will be discussed.

- Identify specific definitions and documentation guidance in the RAI Manual that should direct documentation content in the medical record.
- Discuss specific case examples to demonstrate the proper staff documentation formats.
- List the specific staff members that have responsibility for documentation in the record that supports MDS data.

Module 4: Functional Assessment Data Documentation MDS 3.0 Section G and Section GG for Clinical Staff, Therapy, and Admissions

Thursday, Sept. 30, 2021 1 – 2 p.m. CT

The current MDS 3.0 assessment for significant data focus on prior level for function, observed functional abilities, and goals and activities of daily living assistance. These are two separate sections of coding on the MDS with very specific different coding platforms. This session will identify the difference between Section G and Section GG coding, item definitions, timelines for data collection, and use of data for QMs and payment programs. All staff need to understand the difference and importance of coding 24 hours a day for the first three days of the stay for Section GG, usual performance and correct tracking of ADL performance, and support for Section G for the entire assessment reference period. These are two different sets of data and each have important implications. The specific definitions for each section will be discussed and case examples will be included.

- Discuss the importance of ADL performance and functional skills - usual performance accuracy.
- Identify the two specific time frames, definitions, and performance coding.
- Review strategies to achieve accuracy in both areas of documentation.

Module 5: Clinical Measurements, Outcomes, and Documentation Requirements in the MDS 3.0 Assessment Sections J, K, M, N, and O

Thursday, Oct. 7, 2021 1 – 2 p.m. CT

The quality and accuracy of the MDS 3.0 assessment database is driven by the specific documentation in the medical record. Most facilities do not have the proper measurements, treatment specifics, and observations in the documentation to support assessment coding. This session will focus on the specifics that members of the IDT and front-line staff need to understand to improve the quality of the documentation. Most facilities have not been able to train staff and the goal of this program is to provide specific examples and guidelines for documentation. Regulatory and payment success relies on the accuracy and completeness of specific care delivery services and clinical observations. A candid, specific, practical presentation of the specific documentation needed to produce accurate assessment data on all resident records and support payment rates during an audit.

- Identify the clinical and behavioral documentation that contributes to the MDS 3.0 database.
- Describe the specific definitions and coding in the RAI MDS 3.0 manual that should direct documentation in the medical record.
- Discuss examples of documentation in nurse's notes, IDT notes, and direct care staff reporting that are complete and accurate.

Module 6: The Impact of Diagnosis Coding in Section I of the MDS 3.0 on Admission Documentation, Assessment Accuracy and PDPM Payment

Thursday, Oct. 14, 2021 1 – 2 p.m. CT

Diagnosis coding on the MDS 3.0 has a very high impact on many aspects of the assessment data – care planning and accurate PDPM payment levels. All members of the IDT and the care delivery staff need to understand the importance of accurate, timely validated diagnostic codes that are acceptable to CMS. This session will discuss the importance of diagnostic documentation and the need to collect as much information from the elder, family, transfer records, and the physician during the first 7 days of the stay. All staff need to gather information and help the MDS manager correlate accurate data for the entire MDS. Case examples will be discussed, focused on the role that all staff have in the process. The payment system (PDPM) relies on a significant number of diagnostic codes to establish payment rates. All members of the team need to be aware of their contribution to documentation in the record during the assessment reference period.

- Describe the importance of complete, accurate, validated diagnostic coding on all assessments.
- Identify the responsibility of all staff to gather information from the elder, family, transfer records, and other sources to create an accurate diagnostic record.
- Discuss the importance of interaction among all members of the team to document accurate complete data.

Registration Information & Fees

Register at www.LeadingAgeIowa.org. Fees are per connection at a facility. Registration instructions and handout materials will be sent to the contact person listed on the registration 1-2 days prior to the program.

LeadingAge Iowa Member	\$180
Prospective Member	\$360

Registration fee includes electronic handout, one connection to each of the live webinars in the series, and instructions for receiving CE credit/attendance certificate. A recording of this webinar series is NOT included in the registration fee.

LeadingAge Iowa webinars deliver value to you with:

- No travel cost and time out of the office.
- No limit to the number of staff who can participate LIVE and receive CE credit – using one connection per registration.

Continuing Education Credit

Iowa Board of Nursing Provider #67 – 1 contact hour per session (6 – 1-hour modules). Providership regulations do not allow for partial credit to be given for any portion of this program. You must attend the entire program to receive credit. Retain certificate for four years.

Nursing Home Administrators – 1 contact hour per session (6 - 1-hour modules). This webinar series is intended to meet the criteria established by the Iowa Board of Examiners for Nursing Home Administrators. You must attend the entire program to receive credit. No partial credit allowed. Retain certificate for four years.

NAB/NCERS – 1 contact hour per session (6 – 1-hour modules). This program has been approved for continuing education by NAB/NCERS the following are the approval numbers for each module.

Module 1 – Sept. 9, 2021 - Approval Code: 20220706-I-77233-DL

Module 2 – Sept. 16, 2021 - Approval Code: 20220713-I-77234-DL

Module 3 – Sept. 23, 2021 - Approval Code: 20220716-I-77235-DL

Module 4 – Sept. 30, 2021 - Approval Code: 20220716-I-77236-DL

Module 5 – Oct. 7, 2021 - Approval Code: 20220803-I-77237-DL

Module 6 – Oct. 14, 2021 - Approval Code: 20220810-I-77239-DL

For other long-term support and service provider professionals not listed above: Most licensure boards, credentialing agencies, and professional organizations have processes that allow individuals to earn a certain number of CEUs for non-preapproved programs and/or to accommodate self-submission for approval of continuing education hours after the event takes place with proper documentation from the program sponsors. Most also require information objectives, date/time of presentation, agendas, faculty bios, and number of hours earned. If you require information for this purpose, please contact Amy Huisman in advance for assistance.

Upcoming Education

Sept. 15-16 [Fall Conference & Solutions Expo, Cedar Rapids](#)

Oct. 6 & 20 [Dementia Webinar Package](#)

Oct. 13-15 [Navigating MDS 3.0 Webinar Series](#)

Nov. 4 [Ethical Considerations in Long-Term Care](#)