

MEMORANDUM

Texas Department of Human Services * Long Term Care/Policy

TO: LTC-R Regional Directors
Section/Unit Managers

FROM: Marc Gold
Section Manager
Long Term Care-Policy
State Office MC: W-519

SUBJECT: Regional Survey & Certification Letter #98-14

DATE: September 15, 1998

The attached RS&C Letter is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 98-14--State Specification of the Resident Assessment Instrument 2.0 (01/30/98); Call Sharon Balcezak, Program Specialist, LTC Policy Section at (512) 438-3529.

NOTE: The procedure listed in this letter is applicable to the State MDS Coordinator only. LTC-R staff action is **not** needed.

If you have any questions, please direct inquiries to the individuals or sections listed above.

~Original Signature on File~

Marc Gold

Attachment

DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration

Region VI
1301 Young Street, Room 833
Dallas, Texas 75202

August 5, 1998

REGIONAL SURVEY AND CERTIFICATION LETTER NO: 98-14

To: All State Survey Agencies (Action)
All Title XIX Single State Agencies (Information)

Subject: State Specification of the Resident Assessment Instrument 2.0 (01/30/98)

In January of this year, revisions were made to version 2.0 of HCFA's Resident Assessment Instrument (RAI) to accommodate the Prospective Payment System (PPS) that included the addition of two new Medicare assessment types, and revision of some of the labels on the instrument to omit language referring to HCFA's Casemix Demonstration Project. The resultant revision is the 1-30-98 update of the Minimum Data Set (MDS) version 2.0. The 1-30-98 update was introduced in February of this year. States must re-specify the State's RAI, as per the requirements of the resident assessment final rule, HCFA-2180-F, at 483.315(c)(1). Please follow the instructions in the enclosed documents and send a copy to CDR Daniel McElroy, RN.

The enclosed documents were sent electronically to your Resident Assessment Instrument and MDS Automation coordinator(s).

If you have any questions please contact CDR Daniel McElroy, RN at 214-767-2077.

Thank you for your assistance.

Sincerely,

~Signature on File~

Molly Crawshaw, Acting Chief
Survey and Certification
Operations Branch

Enclosure

May 20, 1998

Dear State Agency Director:

In January of this year, revisions were made to version 2.0 of HCFA's Resident Assessment Instrument (RAI) to accommodate the Prospective Payment System (PPS) that included the addition of two new Medicare assessment types, and revision of some of the labels on the instrument to omit language referring to HCFA's Casemix Demonstration Project. The resultant revision is the 1-30-98 update of the Minimum Data Set (MDS) version 2.0. The 1-30-98 update was introduced in February of this year.

Many States have asked us whether updating version 2.0 of the MDS called for formal re-specification of the State's RAI, as per the requirements of the resident assessment final rule, HCFA-2180-F, at 483.315(c)(1). Since the update to the instrument includes only a couple of minor changes to an instrument that has already been in use for some time, we agreed to simplify the specification process in this instance. To minimize the effort involved in specifying the 1-30-98 update of the MDS version 2.0 for use in your State, we suggest that you use the attached standard form letter.

Completion and return of this letter will serve to specify the 1-30-98 update of the MDS version 2.0 for your State, as well as to update our records of State-specific RAIs. Please complete and return the letter to me at the address below by June 12th.

If you have any questions regarding this form letter or regarding specifying the 1-30-98 update of the MDS version 2.0, please contact Cindy Hake at (410) 786-3404.

Sincerely,

Helene Fredeking, Director
Division of Outcomes and Improvement Disabled and Elderly Health Programs Group
Center for Medicaid and State Operations
Health Care Financing Administration
Mailstop S2-11-07
7500 Security Boulevard
Baltimore, MD 21244

Helene Fredeking
Director, Division of Outcomes and Improvement
DEHPG/CMSO
Health Care Financing Administration
Mailstop S2-11-07
7500 Security Boulevard
Baltimore, MD 21244

Dear Ms. Fredeking:

The State of _____ specifies the 1-30-98 update of the MDS Version 2.0 as the Resident Assessment Instrument for use by all Medicare or Medicaid certified long term care facilities for all MDS records completed on or after June 22nd, 1998. We also specify the completion and transmission of all Medicare assessments required by the Prospective Payment System (PPS), for all residents in a Medicare part A covered stay, by facilities as they phase-in to PPS based on their cost-reporting year beginning on or after 7/1/98.

Our State-specified RAI includes: (check all that apply)]

Section S * This refers to **HCFA-approved** Section S. Requests for a new or modified Section S must be submitted for approval.

_____ yes (indicate frequency)_____

_____ no

Section T

_____ yes (indicate frequency)_____

_____ no

Section U

_____ yes (indicate frequency)_____

_____ no

Our specified Quarterly review assessment includes: (check all that apply)

_____ the standard minimum 2-page Quarterly

_____ the standard Optional RUG III Quarterly (1995)

_____ the standard Optional RUG III Quarterly 1997 Update

_____ a full MDS (sections AA-R)

_____ Section S

_____ Other _____

Alternate frequency requirements for MDS completion by facilities in our State include:

_____ full MDS on a quarterly basis
_____ Quarterly assessment on a monthly basis
_____ Other alternative frequency requirement (specify) _____

The **RAI Coordinator** for our State is:

Name:
Address:
tel.
fax
e-mail

Our **MDS Automation Coordinator** is:

Name:
Address:
tel.
fax
e-mail

Our **MDS Technical Coordinator** is:

Name:
Address:
tel.
fax
e-mail

If you have any questions, please contact _____ at
(AC) _____.

Sincerely,

(Date)

(State Agency Director)