MDS 3.0 RAI User's Manual (v1.18.11R) Errata Effective October 01, 2023

Issue ID	Issue	Resolution
1	On page 4-23, the CAT 6. Urinary Incontinence and Indwelling Catheter triggering conditions	On page 4-23, aligned CAA triggering condition 1 for CAT 6. Urinary Incontinence and Indwelling Catheter with CAT specifications.
	within the CAT Logic Table needed to be updated to properly align with the up-to-	Urinary Incontinence and Indwelling Catheter CAT Logic Table
	date CAT specifications.	Triggering Conditions (any of the following):
		ADL assistance for toileting hygiene or toilet transfer was needed as indicated by:
		$GG0130 \times C1 = 01-05 \text{ OR } GG0130C5 = 01-05 \text{ OR } GG0170 \times C1-05 \text{ OR } GG0170 \times C1-0$
		$OR\ GG0170F5 = 01-05$

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Issue ID	Issue	Resolution
2	On page 4-35, the CAT 16. Pressure Ulcer/Injury CAA triggering conditions within the CAT Logic Table needed to be updated to properly align with the up-to-date CAT specifications.	On page 4-35, aligned CAA triggering condition 1 for CAT 16. Pressure Ulcer/Injury with CAT specifications. Page 4-35 Pressure Ulcer/Injury CAT Logic Table Triggering Conditions (any of the following): 1. ADL assistance for movement in bed was needed, or activity was not attempted, as indicated by: GC0130X1 does not = 06 OR GG0170XA1 does not = 06 OR GG0170A5 does not = 06 OR GG0170B1 does not = 06 OR GG0170B5 does not = 06 OR GG0170C1 does not = 06 OR GG0170C5 does not = 06
3	On page D-11, the Coding Instructions for D0160: Total Severity Score needed to be updated to remove that the Staff Assessment of Mood is conducted when the Total Severity Score is coded as "99."	 On page D-11 under Coding Instructions bullet 4, removed the guidance to complete the Staff Assessment of Mood when the Total Severity Score is coded as "99." If symptom frequency in items D0150A2 through D0150I2 is blank for 3 or more items, the interview is deemed NOT complete. Total Severity Score should be coded as "99," anddo not complete the Staff Assessment of Mood, should be conducted, unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, thenand skip to D0700. Social Isolation.

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Urinary incontinence is the involuntary loss or leakage of urine or the inability to urinate in a socially acceptable manner. There are several types of urinary incontinence (e.g., functional, overflow, stress, and urge) and the individual resident may experience more than one type at a time (mixed incontinence).

Although aging affects the urinary tract and increases the potential for urinary incontinence, urinary incontinence itself is not a normal part of aging. Urinary incontinence can be a risk factor for various complications, including skin rashes, falls, and social isolation. Often, it is at least partially correctable. Incontinence may affect a resident's psychological well-being and social interactions. Incontinence also may lead to the potentially troubling use of indwelling catheters, which can increase the risk of life threatening infections.

This CAA is triggered if the resident is incontinent of urine or uses a urinary catheter. When this CAA is triggered, nursing home staff should follow their facility's chosen protocol or policy for performing the CAA.

Urinary Incontinence and Indwelling Catheter CAT Logic Table

Triggering Conditions (any of the following):

1. ADL assistance for toileting hygiene or toilet transfer was needed as indicated by:

$$GG0130C1 = 01-05 \text{ OR } GG0130C5 = 01-05 \text{ OR } GG0170F1 = 01-05$$

$$OR GG0170F5 = 01-05$$

2. Resident requires a indwelling catheter as indicated by:

H0100A = 1

3. Resident requires an external catheter as indicated by:

H0100B = 1

4. Resident requires intermittent catheterization as indicated by:

H0100D = 1

5. Urinary incontinence has a value of 1 through 3 as indicated by:

6. Resident has moisture associated skin damage as indicated by:

M1040H = 1

Successful management will depend on accurately identifying the underlying cause(s) of the incontinence or the reason for the indwelling catheter. Some of the causes can be successfully treated to reduce or eliminate incontinence episodes or the reason for catheter use. Even when incontinence cannot be reduced or resolved, effective incontinence management strategies can prevent complications related to incontinence. Because of the risk of substantial complications with the use of indwelling urinary catheters, they should be used for appropriate indications and when no other viable options exist. The assessment should include consideration of the risks and benefits of an indwelling (suprapubic or urethral) catheter, the potential for removal of the catheter, and consideration of complications resulting from the use of an indwelling catheter

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Pressure Ulcer/Injury CAT Logic Table

Triggering Conditions (any of the following):

1. ADL assistance for movement in bed was needed, or activity was not attempted, as indicated by:

GG0170A1 does not = 06 OR GG0170A5 does not = 06 OR GG0170B1 does not = 06 OR GG0170B5 does not = 06 OR GG0170C1 does not = 06 OR GG0170C5 does not = 06

2. Frequent urinary incontinence as indicated by:

$$H0300 = 2 \text{ OR } H0300 = 3$$

3. Frequent bowel incontinence as indicated by:

$$H0400 = 2 \text{ OR } H0400 = 3$$

4. Weight loss in the absence of physician-prescribed regimen as indicated by:

$$K0300 = 2$$

5. Resident at risk for developing pressure ulcers as indicated by:

$$M0150 = 1$$

6. Resident has one or more unhealed pressure ulcer(s) at Stage 2 or higher, or one or more likely pressure ulcers that are unstageable at this time as indicated by:

7. Resident has one or more unhealed pressure ulcer(s) at Stage 1 as indicated by:

$$M0300A > 0$$
 AND $M0300A \le 9$

8. Trunk restraint used in bed has value of 1 or 2 as indicated by:

$$P0100B = 1 OR P0100B = 2$$

9. Trunk restraint used in chair or out of bed has value of 1 or 2 as indicated by:

$$P0100E = 1 OR P0100E = 2$$

The information gleaned from the assessment should be used to draw conclusions about the status of a resident's pressure ulcers(s) and to identify any related causes and/or contributing risk factors. The next step is to develop an individualized care plan based directly on these conclusions. If a pressure ulcer is not present, the goal is to prevent them by identifying the resident's risks and implementing preventive measures. If a pressure ulcer is present, the goal is to heal or close it.

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D0160: Total Severity Score (cont.)

— Minor Depressive Syndrome is suggested if, of the 9 items, (1) feeling down, depressed or hopeless, (2) trouble falling or staying asleep, or sleeping too much, or (3) feeling tired or having little energy are identified at a frequency of half or more of the days (7-11 days) during the assessment period.

CH 3: MDS Items [D]

— In addition, PHQ-2 to 9[©] **Total Severity Score** can be used to track changes in severity over time. **Total Severity Score** can be interpreted as follows:

1-4: minimal depression

5-9: mild depression

10-14: moderate depression

15-19: moderately severe depression

20-27: severe depression

Steps for Assessment

After completing D0150 A-I

1. Add the numeric scores across all frequency items in **Resident Mood Interview** (D0150) Column 2.

Do not add up the score while you are interviewing the resident. Instead, focus your full attention on the interview.

The maximum resident score is 27 (3 x 9).

Coding Instructions

- If only the PHQ-2[©] is completed because both D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 blank, then end the PHQ-2[©] and leave D0160-Total Severity Score blank.
- If only the PHQ-2[©] is completed because **both** D0150A2 and D0150B2 **are scored 0 or** 1, add the numeric scores from these two frequency items and enter the value in D0160.
- If the PHQ-9[©] was completed (that is, D0150C–I were not blank due to the responses in D0150A and B) **and** if the resident answered the frequency responses of at least 7 of the 9 items on the PHQ-9[©], add the numeric scores from D0150A2–D0150I2, following the instructions in Appendix E, and enter in D0160.
- If symptom frequency in items D0150A2 through D0150I2 is blank for 3 or more items, the interview is deemed **NOT** complete. **Total Severity Score** should be coded as "99," *do not complete* the **Staff Assessment of Mood**, *and* skip to D0700. Social Isolation.
- Enter the total score as a two-digit number. The **Total Severity Score** will be between **00** and **27** (or "**99**" if symptom frequency is blank for 3 or more items).
- The software will calculate the **Total Severity Score**. For detailed instructions on manual calculations and examples, see Appendix E: PHQ-2 to 9[©] Total Severity Score Scoring Rules.

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