



CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



MDS Updates 2022

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Physicians Services Coding on the MDS 3.0

- The physician is responsible for diagnoses of schizoaffective disorder, depression and bipolar disease before coding as a diagnosis on the MDS 3.0
- Schizoaffective disorder is a mental health disorder that includes both features of schizophrenia and mood disorders such as bipolar and depression.
- The clinical record should have sufficient documentation to support the diagnosis or diagnoses
- The clinical record should also indicate the type of treatment the resident is receiving for the psychiatric diagnosis.



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Physicians Services

- The resident's antipsychotic medications should be documented in the clinical record and on the MDS 3.0
- The facility should document any attempted Gradual Dose Reduction (GDR)
- Do not count as GDR any anti-psychotic medication performed for the purpose of switching the resident from one anti-psychotic medication to another is not considered a GDR.



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Physicians Services Antipsychotic Medication Review

- The facility should document the start date of the last attempted GDR for any anti-psychotic medications
- The clinical record should identify the resident's response to the attempted GDR
- The clinical record should also identify why the GDR was not attempted by the facility



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Physicians Frequency of Visits

- The physician should conduct a personal visit within the first 30 days after admission and cannot delegate the task to a non-physician practitioner
- The physician should be reviewing the resident's medications and total plan of care
- Pharmacy Consultants should be conducting monthly medication regimen review to alert physicians of any required laboratory blood work or Abnormal Involuntary Movement Scale (AIMS) testing to ensure medications are being monitored appropriately



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Physicians Services Federal Regulations

- **F 712 Physicians Visits/ Frequency/Timeless**
- **F 740** Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care (CMS Long Term Care facilities Federal Regulations)



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Questions

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References

MDS 3.0 RAI Manual October 2019

<https://www.cms.gov/files/zip/mds30finalitemsetsv1172-october-1-2020-zip-1.zip>