

# MDS 3.0: MORE TRAINING NEEDED

## Social Workers Concerned About Interview Requirements

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**T**he newly revised Minimum Data Set (MDS) 3.0 has significant implications for nursing facility staff—namely social workers and other designees responsible for both facilitating the psychosocial well-being of residents and coordinating their discharge plans. Psychosocial care and discharge planning are two particular topics within the MDS that have undergone significant revision.

The new assessment tool requires nursing facility staff to directly interview residents about their psychosocial care needs—including both cognitive

and mental health needs—and their desire to return to the community. Requiring facility staff to engage residents in completing the newly revised assessment tool supports person-centered care principles; however, it also increases the demand for staff time and resources.

For example, the new tool requires nursing facility staff to ask residents about their desire to return to the community. If the resident expresses a desire to return home, the facility is then responsible for evaluating the individual's discharge potential, initiating contact with a local agency that can educate the resident on community-based long term care options, and actively partnering with the local agency to effectuate the discharge.

### **New MDS Poses Challenges**

To gain insight into providers' readiness for MDS 3.0 implementation, two focus group sessions were held with nursing facility

## Case Study: 'Return To Home' Conundrum

**T**he following case example may help illustrate some of the complex and important issues surrounding the new MDS 3.0 assessment tool.

Mrs. K was admitted to the hospital after her neighbor noticed she had not seen her lately. When she rang the doorbell, Mrs. K answered appearing very thin, confused, and disheveled. The neighbor noticed there was very little food in the house and that the place was in disarray. The neighbor called 911, and Mrs. K was taken to the nearest hospital and admitted for a change in mental status, dehydration, depression, and failure to thrive.

The hospital kept her for about five days and then sent her to a nursing facility for sub-acute care. During her stay, Mrs. K regained some strength, put on weight, and began to express her desire to return home. However, she had short-term memory impairment, was unable to manage her finances, and had no family in the area to help oversee her care. She had a long history of depression and of not taking her medication, resulting in multiple hospitalizations.

The social worker assigned to her care met with her regularly and contacted several community agencies but was unable to put together a safe discharge plan. A decision was made to transfer her to a long term care bed. This transition was extremely painful for her as she was never able to go home and say goodbye to her neighbors and her old life.

The social worker receiving her on the long term care unit attempted to help her adjust and to manage her feelings of loss.

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administrators, licensed and unlicensed social workers, and social worker designees from large and small for-profit and not-for-profit facilities in rural and urban areas.

The results of the questions revealed several major themes and implications with regard to the MDS 3.0 interview requirements. Perhaps most striking among the findings was the fact that nursing facility administrators, social workers, and designees had limited knowledge of the new MDS 3.0 requirements.

Many participants knew of the pending implementation of the MDS 3.0, but felt ill-prepared for the new requirements, mostly because the final version of MDS 3.0 and the user manual were still in development, and national or state trainings on the new document had not yet occurred.

The administrator and social work

focus group sessions both confirmed that nursing facility social workers and designees identified themselves as being responsible for completing the psychosocial sections of the MDS, which includes the assessment sections on cognitive status, mood state, and discharge potential.

Social work respondents expressed discomfort with completing Section D, Resident Mood Interview, particularly with regard to the item that inquires whether the patient had “thoughts that you would be better off dead.” They also voiced concern that community resources may not be able to handle the increased demand from Section Q, Return to Community Referrals, in a timely manner.

In general, nursing facility staff did not feel prepared to meet the increased demand of the MDS 3.0.

Key preparedness gaps between the

new MDS 3.0 and the focus group participants were identified as: clinical education and training, facility resources, and partnering with local contact agencies on discharge planning efforts.

### New Demands A Concern

Despite federal outreach and training efforts, there is an immediate need for information dissemination and local-level training opportunities. Without such, nursing facility social workers and interdisciplinary staff members may be ill-prepared to fulfill the demands of the new MDS 3.0 and, subsequently, the psychosocial and discharge planning needs of nursing facility residents.

As illustrated in the case of Mrs. K (see box, page 85), a skilled professional is required to meet the psychosocial needs of residents and determine if discharge is safe and, if so, set up a secure plan for community living. When the



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new requirements were explained to the social worker focus group participants, they indicated that large caseloads have implications for the quality of services staff can provide when most expressed feeling already overwhelmed.

The focus groups also indicated that nursing facility social work education and qualifications varied and further education was needed in mental health and management of difficult behaviors.

This finding is consistent with a national study surveying 1,071 nursing facility social service directors, which found that the mean number of residents per full-time social worker is 89.3. However, when asked their opinion on manageable caseloads, the majority of directors said that social workers should manage no more than 60 residents.

Residents making the transition to home will need help with transition re-

sources that bridge both mental health and community services. Focus group respondents expressed that they had some positive experience with Money Follows the Person long-stay transitions.

Both the administrators and the social workers agreed that housing was the biggest barrier to helping transition elders back to the community, and both groups were concerned about raising expectations and then not being able to make the transition happen.

Another major concern was working with resident family members who are initially opposed to a discharge.

#### Training A Must

The clear and compelling focus group message was that clinical training beyond MDS 3.0 coding training is required and must be offered by national nursing facility organizations or their

state affiliates. New skills are required, and current caseloads will challenge staff.

Partnership opportunities exist for nursing facility organizations at a state level to work with local university social work programs, schools of nursing, and the National Association of Social Workers chapters to expand the availability of nursing facility psychosocial training opportunities.

In the long term, more emphasis needs to be placed on professional standards, reasonable caseloads, adequate training, and long term and post-acute care social work education requirements to address the needs of the expanding geriatric population.

Nursing facility social workers and other staff can find additional resources about MDS 3.0 at [www.uiowa.edu/~socialwk/NursingHomeResource/index.html](http://www.uiowa.edu/~socialwk/NursingHomeResource/index.html). ■



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