

Massachusetts MDS Section S Manual

Section S items S0170 and S0171, S6230, S6232, S6234, S6236, and S2360 are required in Massachusetts for all OBRA comprehensive and non comprehensive assessments. Section S items S0172 and S0173 are required for all OBRA comprehensive assessments.

S0170 – Advanced Directives

Intent:

To record who has responsibility for participating in decisions about the resident's health care and treatment, and to record the existence of legal directives regarding treatment options for the resident, whether made by the resident or a legal proxy.

Definitions:

- **Guardian:** Someone who has been appointed after a court hearing and is authorized to make decisions for the resident, including giving and withholding consent for medical treatment. Once appointed, only another court hearing may revoke the decision-making authority of the guardian. This includes temporary, limited, or full guardianship.
- **DPOA-HC (Durable Power of Attorney – Health Care):** Documentation that someone other than the resident is legally responsible for health care decisions if the resident becomes unable to make decisions. This document may also provide guidelines for the agent or proxy decision-maker, and may include instructions concerning the resident's wishes for care.
- **Living Will:** A document written by the resident describing their wishes about which actions should or should not be taken for their health in the event that they are no longer able to make decisions.
- **Do Not Resuscitate:** Documentation not to have cardiopulmonary resuscitation (CPR) performed if the heart stops or breathing ceases.
- **Do Not Hospitalize:** Documentation that specifies that the resident should not be sent to the hospital even after developing a medical condition that usually requires hospitalization.
- **Do Not Intubate:** Documentation not to have a breathing tube inserted through the mouth or nose in the event of respiratory or cardiac failure.
- **Feeding Restrictions:** Documentation not to feed the resident by artificial means (e.g., tube, intravenous nutrition) if the resident is unable to be nourished by oral means.

- **Other Treatment Restrictions:** Documentation of restrictions other than those noted above. Examples include (but not limited to) blood transfusions, medications, and invasive procedures.

Process:

Review the resident's medical record for documentation of the resident's advance directives. Documentation must be available in the record for a directive to be considered current and binding.

Coding:

- **S0170A-Z: For those items with supporting documentation in the medical record, check all that apply:** For items S0170A – S0170H, check all options that apply to the patient. If no options apply, check item S0170Z.

S0171 – Health Care Proxy

Intent:

To record who has responsibility for making decisions regarding the resident's health care and treatment.

Definitions:

- **Health Care Proxy:** Legal document in Massachusetts which allows a person (the resident) to name someone (an agent) to make health care decisions on their behalf if the resident becomes unable to make or communicate those decisions.
- **Invoked:** For the purposes of this section, invoked means to put into effect, or activated.

Process:

- **S0171-A:** Review the resident's record for a copy of the resident's current health care proxy.
- **S0171-B:** Review the resident's record for documentation that the decision to invoke the health care proxy has been determined by the resident's attending Physician. The agent's authority becomes effective if the attending Physician determines in writing that the resident lacks the capacity to make or to communicate health care decisions.

Coding:

- **S0171-A: Does resident have a health care proxy?:** If a copy of the resident's current health care proxy is available in the medical record, code '1' (yes). If not, code '0' (no).

- **S0171-B: Has health care proxy been invoked?:** If at the time of completion of this MDS record, there is documentation that the resident's health care proxy is invoked, code '1' (yes). If not, code '0' (no).

S0172 – S0173 Goals of Care

Intent:

The intent of this section is to ascertain whether a discussion has taken place with the resident or legal health care representative regarding the resident's personal goals of care.

Definitions:

- **Goals of Care:** A resident's personal goals or choices for the provision of health care such as comfort, curing illness, and/or management of symptoms.
- **Referring Provider:** The resident's attending healthcare clinician in the prior health care delivery setting.
- **Hospital:** This includes hospitals such as acute care, psychiatric, rehab, and/or long-term acute care (LTAC).
- **Previous Nursing Home:** A nursing facility that the resident previously resided at.
- **Home without Home Health Services:** A personal residence where the resident was not receiving care from a Medicare certified Home Health Agency.
- **Home with Home Health Services:** A personal residence where the resident was receiving care from a Medicare certified Home Health Agency.
- **PCP Office:** Office of the resident's primary care physician.
- **Other:** Any referring facility not included in the above choices.

Process S0172:

Review the resident's medical record for documentation of a discussion of goals of care from a referring provider at the time of admission.

Coding:

S0172A: On admission, was documentation received by the facility from the referring provider that a discussion of Goals of Care with the Resident or Legal healthcare representative occurred?

Code '1' (yes) if you received documentation of a discussion on goals of care from the referring provider. This question is not asking for specifics on the resident's goals of care, only the documentation of a discussion.

Code '0' (no) if you did not receive such documentation. Code '9' (N/A) if this is not an admission OBRA MDS.

- **S0172B-G: If you answered 'yes' to question S0172A, in which setting(s) did the discussion take place? (Check all that apply):**
 - If you answered 'yes' to S0172A, check all settings that apply.
 - If you answered 'no' to S0172A, skip to S0173.

Process S0173:

- Review the resident's medical record for documentation that a discussion of goals of care occurred since the last comprehensive OBRA assessment was completed.

Coding: S0173:

- **S0173: Is there documentation in the medical record that a discussion of Goals of Care occurred with the Resident or Legal healthcare representative since the last comprehensive OBRA assessment was completed?**
Code '1' (yes) if there is documentation in the medical record that a discussion of Goals of Care with the Resident or Legal healthcare representative occurred since the last comprehensive OBRA assessment was completed. Code '0' (no) if there is no such documentation. Code '9' (N/A) if this is an admission OBRA MDS.

S6230, S6232, S6234, S6236, and S2360 Antipsychotic Medication Use/Reduction and The Utilization of Non-Pharmacological Resident Centered Care Program Techniques

Intent:

The intent of this section is to ascertain whether the resident is receiving antipsychotic medication, if the facility has attempted to reduce the amount of antipsychotic medication the resident receives and if that reduction has been successfully maintained. Additionally, if any non-pharmacological Resident centered care program techniques are currently in use for the resident.

S6230: Has Resident Received Antipsychotic

Process S6230

- Review the resident's medical record to determine if the resident has received an antipsychotic medication since the ARD of the last OBRA assessment or if this is an admission assessment since the entry date (A1600).

Coding S6230

Has this resident received an antipsychotic medication since the ARD of the last OBRA assessment or if this is an admission assessment since the Entry Date (A1600)?

- Code 1 (yes) if the resident has received an antipsychotic medication since the ARD of the last OBRA assessment or if this is an admission assessment since the entry date (A1600).
- Code 0 (no) if the resident has not received an antipsychotic medication since the ARD of the last OBRA assessment or if this is an admission assessment since the entry date (A1600).
 - If you answered 'no' to S6230, skip questions S6232, S6234, S6236, and S2060.

S6232: Is the Resident Currently Receiving Antipsychotic Medication

Process S6232

- Review the resident's medical record to determine if the resident is currently receiving an antipsychotic medication.

Coding S6232

Is the resident currently receiving an antipsychotic medication?

- Code 1 (yes) if the resident is currently receiving an antipsychotic medication
- Code 0 (no) if the resident is not currently receiving an antipsychotic medication
 - If you answered 'no' to S6232, skip to S2060.

S6234: Attempt to Reduce Amount of Antipsychotic

Process S6234

- Review the resident's medical record to determine that an attempt has been made to reduce the total amount of antipsychotic medication the resident receives, since the ARD of the last OBRA assessment or if this is an admission assessment since the Entry date (A1600)?

Coding S6234

If you answered yes to Question S6232, has an attempt been made to reduce the total amount of antipsychotic medication the resident receives, since the ARD of the last OBRA assessment or if this is an admission assessment since the Entry date (A1600)?

- Code 1 (yes) if an attempt has been made to reduce the total amount of antipsychotic medication the resident receives, since the ARD of the last OBRA assessment or if this is an admission assessment since the Entry date (A1600)?
- Code 0 (no) if no attempt has been made to reduce the total amount of antipsychotic medication the resident receives, since the ARD of the last OBRA assessment or if this is an admission assessment since the Entry date (A1600)?
 - If you answered 'no' to S6234, skip to S2060.

S6236: Was a Reduction In Antipsychotic Medication Maintained

Process

Review the resident's medical record to determine that a reduction in antipsychotic medication was maintained

Coding S6236

If you answered yes to Question S6234, was the reduction in the total amount of antipsychotic medication that the resident receives maintained?

- Code 1 (yes) if the reduction in the total amount of antipsychotic medication that the resident receives has been maintained
- Code 0 (no) if the reduction in the total amount of antipsychotic medication that the resident receives has not been maintained

S2060: Resident Centered Care

Process:

Review the resident's medical record to determine if any non-pharmacological Resident centered care program techniques are currently in use for the resident.

Definitions:

- **OASIS:** OASIS curriculum, a non-pharmacological approach that focuses on strengths, needs and personal goals in addition to the disability or health care need. OASIS addresses challenging behaviors by focusing on

understanding and addressing residents' unmet needs. Helps staff develop and employ strategies to improve quality of life for residents.¹

- **Habilitation therapy:** proactive behavioral/milieu therapy characterized by five critical areas (domains) in which positive emotions can be created and maintained. A domain is an opportunity to bring about a positive emotion or, at least, not to cause a negative one.²
- **Hand in Hand:** a training program developed by CMS for Nursing Homes that emphasizes person-centered care of persons with dementia and the prevention of abuse.³
- **Consistent Assignment:** residents see the same caregivers (registered nurse, licensed practical nurse or certified nursing assistant) almost every time they are on duty. Many residents are more comfortable with caregivers who know and understand their personal preferences and needs. Consistent assignment is primary assignment.⁴

Coding S2060

For this resident, are any of the non-pharmacological resident centered care techniques supported by the programs listed below included in the individualized resident centered care approach? Check all items that apply.

- Oasis**
- Habilitation therapy**
- Hand in Hand**
- Other**
- Consistent Assignment**
- None of the above**

¹ http://www.maseniorcarefoundation.org/Initiatives/Medication_Safety.aspx.

² http://www.nhqualitycampaign.org/files/Habilitation_Therapy_a_New_Starscape2.edit.pdf

³ <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-12-44.pdf>

⁴ <http://www.nhqualitycampaign.org/files/factsheets/Consumer%20Fact%20Sheet%20-%20Consistent%20Assignment.pdf>

- If you answered yes to question S6230, for programs listed above, check all options that apply to the resident. If no options apply, check “none of the above”.
- If you answered “no” to question S6230, leave this section blank.