MDS Webinar Series: Part 3
Understanding Quality Measures and Avoiding Common Pitfalls

Presented by:
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AHIMA approved ICD 10 CM/PCS Trainer

Objectives
- Review the coding triggers that impact Quality Measures (QMs)
- Overview of clinical systems needed to manage the QMs
- Describe the requirements for MDS accuracy and how inaccurate assessments impact QMs
- Understand how to connect QM management to QAPI processes

How Quality Measures (QMs) Are Used

Internal Facility Use
Survey
Public Reporting
How QMs Are Used: QMs for Survey Process

Possible Problems
Used In Off-site Preparation
Must Be Validated Onsite
The 17 Survey/Clinical QMs
Appendix E QM Manual

Tip
• Utilize the Casper Report for survey readiness
• Review MDS Coding for accuracy
• Utilize QMs in your QA process as this is key to a successful survey & positive resident outcomes

How QMs Are Used: QMs for Public Reporting

Part of Nursing Home Quality Initiative
3 Claims-Based QMs
QMs For 17 Clinical Care Areas
Influenza And Pneumococcal Vaccinations
Recalculated Quarterly

Tip
• Market-driven incentive to improve care
• From The MDS & Claims

QM Glossary

Target Date: The event date for an MDS record
• Entry date for an Entry Record (MDS A1600)
• Discharge date for a Discharge record (MDS A2000)
• Death-In-Facility record
• The ARD for all other records (MDS A2300)

Target Period: Span of time that defines the QM reporting period
• Calendar quarter for CASPER & Five Star rating
• Do not confuse look-back scans (long/short stays have different timeframes)
QM Glossary: Stay

Start of stay:
Admission / Re-entry record

Discharge/Death or End of Target Period

QM Glossary: Episode

3 Stay Episode

D/C Return Anticipated (Out <31 days)

End:
• Discharge Return - Not Anticipated
• Discharge Return Anticipated but gone at least 31 days
• Death
• End of Target Period

QM Glossary: Cumulative Days in Facility (CDIF)

Start:
Admission Entry Record

D/C Return Anticipated (Out <31 days)

D/C Return Anticipated (Out <31 days)
QM Glossary: Short-Stay vs. Long-Stay

**Short Stay**
- CDIF ≤ 100 days at the end of the target period

**Long Stay**
- CDIF ≥ 101 days at the end of the target period

Example: Target Period

**Short-Stay:**
- Target Period Two Quarters
  - Current Period 1st Q 2016 & 4th Q 2015
  - Latest Target Assessment
- QMs Target Period
  - Ended March 31, 2016
  - (1st Quarter)

**Long-Stay:**
- Target Period One Quarter
  - Current Period 1st Q 2016
  - Latest Target assessment

Risk Adjustment
- Current Year: 2nd Q 2015 – 1st Q 2016
- Used to est. Logistic regression

Influenza QM
- Calculated once per year
- End of June
- Reporting period Oct. thru March

Facility QMs are Compared to Nation/State QMs sample that are a full quarter behind the facility’s QMs.

Example: Short-Stay look-back scan

**Short-Stay Period:** Six months

<table>
<thead>
<tr>
<th>Look-back Scan</th>
<th>4th Q 2015 Oct Dec</th>
<th>1st Q 2016 Jan March</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission 8-16-15</td>
<td>141 PPS ARD 8 28 15</td>
<td>Discharge 10-16-15</td>
</tr>
</tbody>
</table>

New or Worsened Pressure Ulcer
Prior Assessment:
- OBRA
- PPS
- Discharge

Target Assessment:
- OBRA
- PPS
- Discharge

Example: Long-Stay look-back scan
Long-Stay Period: Three Months

SCSA
MDS ARD
7 14 15

Target dates ≤ 275 days prior to the target assessment

Quarterly
MDS ARD
1 12 15

Fall with Major Injury

QM Basic Calculation

Each QM is calculated based on specific MDS items:

- When resident’s MDS responses indicate resident has the QM condition, that assessment increases the facility score
- Higher scores indicate possible problems, except scores related to vaccinations
- Lower scores indicate less occurrence of the QM condition, considered to reflect better care (except vaccination and in some QMs)
- One claim-based QM is opposite; a lower score could potentially mean lower quality of care

QM Risk Adjustments

Exclusion
- Not included in the numerator or denominator due to a certain diagnosis or condition

Covariate
- Adjust for individual resident characteristics or health conditions
- Essentially out of the facility’s control that may contribute to worsened outcomes for a particular QM
- Not excluded, levels the playing field when a facility has more residents with the covariate conditions than other facilities have

Regression Model
- Statistical process for estimating the relationships among variables
- May include demographic and clinical information from claims and/or the MDS

Stratification
- Divides residents into high-risk and low-risk
Clinical Practice Equals Outcomes

<table>
<thead>
<tr>
<th>Planning for Care: Staff and Resident Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Reporting Physical Pain</strong></td>
</tr>
<tr>
<td>• Comprehensive Assessment of Root Cause(s)</td>
</tr>
<tr>
<td>• Pain rated above 5 (on 10 points) or horrible</td>
</tr>
<tr>
<td>• Resident Population</td>
</tr>
<tr>
<td>• Culture</td>
</tr>
<tr>
<td><strong>New/Worsening Pressure Ulcers</strong></td>
</tr>
<tr>
<td>• Facility acquired</td>
</tr>
<tr>
<td>• Unavoidable (Based on Root-cause analysis)</td>
</tr>
<tr>
<td><strong>B&amp;B Incontinence</strong></td>
</tr>
<tr>
<td>• If unable to achieve 6 out of 7 days QM requirement – still care plan</td>
</tr>
<tr>
<td>• Hours of continence is still successful</td>
</tr>
<tr>
<td>• Medication review</td>
</tr>
<tr>
<td><strong>Falls with/without Injury</strong></td>
</tr>
<tr>
<td>• Standardized assessment with root cause analysis</td>
</tr>
<tr>
<td>• Falls anticipated, planned to prevent injury?</td>
</tr>
<tr>
<td>• List of approaches/interventions - current and have tried (on the care plan?)</td>
</tr>
</tbody>
</table>

Creating a collaborative team environment =

- Structured
- Routine
- Transparent
- Just Culture

Clinical

- All Team Members
- Inclusive
- Residents First

Environment

- Solution Oriented
- Standards of Excellence

Results
QMs FOR SURVEY PROCESS

QMs for Survey Process: CASPER Facility Quality Measure Report

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Current</th>
<th>Average</th>
<th>Average</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR Most/Severe Pain (L)</td>
<td>10/14/12</td>
<td>0.4%</td>
<td>17.4%</td>
<td>10.0%</td>
</tr>
<tr>
<td>In hosp/Severe Pain (L)</td>
<td>10/16/12</td>
<td>0.4%</td>
<td>17.4%</td>
<td>10.0%</td>
</tr>
<tr>
<td>SR Most/Severe Pain (L)</td>
<td>10/12/12</td>
<td>2.4%</td>
<td>7.3%</td>
<td>7.3%</td>
</tr>
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<td>10/12/12</td>
<td>2.4%</td>
<td>7.3%</td>
<td>7.3%</td>
</tr>
<tr>
<td>SR In-hosp/Severe Pain (L)</td>
<td>10/12/12</td>
<td>0.0%</td>
<td>0.0%</td>
<td>5.4%</td>
</tr>
<tr>
<td>In hosp/Severe Pain (L)</td>
<td>10/12/12</td>
<td>0.0%</td>
<td>5.4%</td>
<td>5.4%</td>
</tr>
<tr>
<td>SR Short Stay/Severe Pain (L)</td>
<td>10/12/12</td>
<td>3.5%</td>
<td>13.8%</td>
<td>13.8%</td>
</tr>
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<tr>
<td>SR Most/Severe Pain (L)</td>
<td>10/12/12</td>
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<td>7.3%</td>
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Short-Stay QMs

*SR Mod/Severe Pain
CMS:N001.01
NQF: 0676

*New/worse Pres Ulcer
CMS:N002.02
NQF: 0678

*Anti-psych Med
CMS:N011.01
NQF: none

The * QMs included in Public Reporting
QMs for Survey Process Short-Stay QM

Numerator M0800

- Indicates one or more new or worsening Stage 2-4 pressure ulcers
- Any assessment in the look-back scan

Risk Adjustment

- Initial MDS - Bed mobility, Bowel incontinence, Diabetes, Low Body Mass Index with range 22-19 (K0200I-K0200J, weight)

Clinical Consideration

- Coder & Assessor accuracy
- Resident comorbidities
- Medical team
- Interdisciplinary team

Regulatory Concerns

* F 314 that leads to probes of other F tags

QMs for Survey Process Long-Stay QMs

- UTI CMS:N024.01 NQF:0684
- Falls w/Maj Injury CMS:N031.01 NQF:0674
- Incr ADL Help CMS:N028.01 NQF:0684
- Behav Sx affect Others CMS:N034.01 NQF:0686
- Cath Insert/Left Bladder CMS:N026.02 NQF:0686
- Phys Restraints CMS:N027.01 NQF:0687
- Risk Pres Ulcer CMS:N015.01 NQF:0679
- *The * QMs included in Public Reporting
- Antipsych Med CMS:N031.02 NQF:0686
- Lo-Risk Lose B/B CMS:N020.01 NQF:0686
- *SR Mod/Severe Pain CMS:N014.02 NQF:0677
- *Excess Wt Loss CMS:N029.01 NQF:0689
- Falls CMS:N032.01 NQF:0686
- Antianxiety/ Hypnotics CMS:N033.01 NQF:0686
- *Depress Sx CMS:N030.01 NQF:0686

QMs for Survey Process Long-Stay QM

Numerator

- Bone fracture
- Fall-Joint dislocation
- All-closed head injury with altered consciousness
- Fall-subsulbar hematoma

Clinical Considerations

- Planning for care
- Risk for injury, osteopenosis, Fall hx
- Anticipated to fall with Injury?

Regulation Concerns

* F 323, Accidents & Supervision
QM s FOR PUBLIC REPORTING

www.Medicare.gov/NHcompare

QM s for Public Reporting: Short-Stay
www.Medicare.gov/NHcompare

Short-Stay

* Made Improve in Function
  CMS:N037.01
  NQF: none

* ED Visit
  CMS: none
  NQF: none

* SR Mod/Severe Pain
  CMS:N001.01
  NQF: 0676

* Antipsych. Med
  CMS:N011.01
  NQF: none

* 30d Re-hosp. After NH
  CMS: none
  NQF: none

* D/C Community
  CMS: none
  NQF: none

* Pres Ulcer New/ Worsened
  CMS:N002.02
  NQF: 0678

Given Pneumo Vaccine
  CMS:N007.01
  NQF: 0682

Given Influenza Vaccine
  CMS:N003.02
  NQF: 0680

The * QMs included in the 5 Star Rating

Claim-based QMs 12 month average

• This is averaged over 12 months and updated in April and October
• Remember this is 9 months behind by the time it hits the Five Star Rating
**All Claim-based QMs for Public Reporting**

### Short Stay Claims Based Measures use Medicare Claims:

- Original Medicare Part A ONLY
- Entered/re-entered the nursing home within 1 day of D/C from an inpatient hospital stay AND entered/re-entered the NH within the target 12-month period

### The numerator and denominator include stays that started over a 12 month period:

- Data is updated every six months
- Only admitted to the SNF following an inpatient hospitalization
- Inpatient rehabilitation facility and long-term care hospitalizations are not included

### Measures are risk adjusted:

- Using items from hospital claims
- Inpatient hospitalizations, observation stays and emergency room visits are identified using Medicare claims
- Enrollment database including MDS
- Covariates: MDS and Hospital Claims

### Denominator Exclusions:

- Planned in-patient re-admissions enrolled in hospice during their stay OR Comatose on 1st MDS after the start of the stay

Covariates for these measures use a variety of data bases and metrics that it is very detailed.

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**Claim-based QMs for Public Reporting**

### Numerator

- Readmit to In-patient within 30 days of the NH start of Medicare Part A stay
- Unplanned discharge from NH
- Validated by A/B hospital claims
- Regardless of whether they were discharged from the nursing home prior to the hospital readmission

### Clinical Considerations

- Higher values indicate worse performance
- Acute Change in condition
- Medical Management relationship
- Nurse skills and competency

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**Claims Data Example: 30-day Readmission**

**April 2016 Claim Data Period: 12 months**

**Look-back 30 day from Start of Medicare Part A stay**

- Inpatient stay transferred to NH 10-14-14
- Unplanned DCRA to Hosp/Obs/ED 10-25-14

30d Readmit to Hospital from NH
Claims-Based QMs for Public Reporting

**Numerator**
- Regardless of whether they were D/C’d from the NH prior to the ED visit
- ED-hospital Medicare Part B claims & no inpt/obs claims

**Clinical Considerations**
- Higher values indicate worse performance on the measure
- Acute Change in condition management
- Medical Management relationship
- Nursing skills and competency

**Claims Data Example: ED Visit**

*April Claim Data Short-Stay Period: 12 Months*

**Look-back 30 days of NH entry/re-entry**
- Admission 5-16-15
- Discharge 6-16-15

**ED visit 5-31-15**

**Claim-based QMs for Public Reporting Short-Stay Community**

*Successfully discharged to the community*
- Discharge return not anticipated to the community within 100 days of the start of episode AND

**DID NOT** (all must occur)
- Admit to a NH within 30 days of the community D/C Verified by Medicare claims AND
- Have an unplanned inpatient hosp. stay within 30 days of the community D/C Verified principal diagnosis & procedure codes on Medicare claims AND
- Die within 30 days of the community D/C Verified from the Medicare Enrollment database
QMs for Public Reporting Short-Stay

**Numerator**
- Δ in the sum of performance score that is ↓ comparing 5d/Admit MDS to DCRN MDS
- Transfer + locomotion + on unit walk in corridor + performance score

**Denominator Exclusion**
- Comatose, no improvement sum of performance + 0, Life expectancy of less than 6 months, Hospice

**Risk Adjustments-Covariates**
- Preceding 5d/Admit MDS: Age, Gender, Severe cog. impair., BIMS summary score ≤ 7, long-form ADL scale, Heart failure, CVA/TIA, Hip Fx, Other Fx

**Clinical Consideration**
- Improvement Care Planned?
- Safety Awareness assessed and Care Planned?

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Long-stay Public Reporting

**The * QMs included in the 5 Star Rating**

- * Fall Majorly Injury
- * SR Mod to Severe Pain
- * Physical Restraint
- * Late Loss ADL Increased
- Flu Vaccine
- Low-risk Lose Control B/B
- * Received an Antipsychotic Medication
- * Move Independent Worsened
- Depress Sx
- New Antianxiety or Hypnotic Med
- * Urinary Tract Infection
- * Hi-risk Pres Ulcers
- * Cath Inserted/Left Bladder
- Lose too Much Weight
- Pneumo Vaccine

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QMs for Public Reporting Long-Stay

**Declined in Independence in Locomotion**

**Numerator**
- Decline in locomotion

**Denominator Exclusions**
- Comatose
- Prior assessment, Hospice/End of Life, totally dependent during locomotion, DCRA/DCRN

**Risk Adjusted Covariates**
- Eating, toileting, transfers, walking in corridor, age, cognition, vision, Oxygen use

**Clinical Considerations**
- Decline anticipated
- Unavoidable

**Regulation Concerns**
- F-312, Quality of Care Decline
### QMs for Public Reporting Long-Stay

<table>
<thead>
<tr>
<th>Used</th>
<th>Antianxiety or Hypnotic Medication</th>
</tr>
</thead>
</table>
| **Numerator** | • Target MDS  
• Antianxiety medications received  
• Hypnotic medications received |
| **Denominator** | • Long-stay residents with a selected target MDS  
• Life expectancy of less than 6 months  
• Social Service Behavior Program |
| **Denominator Exclusions** |  
• F-329 Free from Unnecessary Drugs  
• F-323 Facility Free of Accident Hazards |
| **Clinical Consideration** |  
| **Accuracy of coding drug classification** |  
| **Regulatory Concerns** |  

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### Public Reporting Quality Measures Ratings for the MDS-based QMs

QM domain is calculated using the four most recent quarters for which data is available.

<table>
<thead>
<tr>
<th>Quality Measures that are Included in the QM Rating</th>
<th>Provider 000000</th>
<th>State</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDS 3.0 Long Stay Measures</td>
<td>Q1 2015</td>
<td>Q2 2015</td>
<td>Q3 2015</td>
</tr>
<tr>
<td>Linear percentages are better:</td>
<td>1.6%</td>
<td>1.9%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Percentage of residents experiencing one or more falls with major injury</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Percentage of residents who self-report moderate to severe pain?</td>
<td>0.0%</td>
<td>0.0%</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

Source: July 2016, Nursing Home Compare Five-Star Ratings of Nursing Homes Provider Rating Report

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### INTERNAL FACILITY QM REPORTS

Obtained through the Certification and Survey Provider Enhance Reporting System (CASPER) Quarterly Reports
Internal Facility QM reports provided by CASPER
Short-Stay (See Technical Guide for details)

Percentage of Residents on a Scheduled Pain Medication Regimen on Admission Who Self-Report a Decrease in Pain Intensity or Frequency

- This is one of 11 reports (the rest are the individual vaccination ratings)

Avoid QM pitfalls by learning from the mistakes others make
- Learn how to get and STAY out of the Pit

CASPER REPORTS:
GAINING ACCESS AND UNDERSTANDING CONTENT
Certification and Survey Provider Enhance Reporting System (CASPER) To Assist Your Facility Quality Assurance Performance Important
To retrieve Five Star Reports:
1. Click the Folders.
2. Click your Monthly and Quarterly reports.

The Helpline number is 1-800-839-9290 direct inquiries to BetterCare@cms.hhs.gov.
Quarterly preview including internal facility QM reports.

2nd MDS 3.0 NH Provider

3rd These reports are used to validate your Survey History & Use in QA/Survey Readiness.
1st Click to retrieve CASPER QM Report

2nd Monday & the compare groups only every Q, (full Q behind)

3rd MDS 3.0 QM Package. Only updates every Monday & the compare groups only every Q.
Three reports:
- Facility Characteristics Report
- Facility Quality Measure Report
- Resident Level Quality Measure Report

Facility Characteristic measure is computed using all residents

Displays:
- Each QM
- Numerator
- Denominator
- Facility percentage
- Comparison
- Facility score
- State
- Nation

Identifies:
- Possible areas for further quality improvement activities
- Investigation during the survey process
CASPER Facility Quality Measure Report

**Observed percent:**
- Numerator ÷ denominator x 100
- If QMs are not risk adjusted, this is the final score
- The percentage of residents with the QM condition

**Adjusted percent:**
- Results after a covariate is applied to the observed percent as risk adjustment
- This is the final QM score (3 QMs only)

**Comparison group state average:**
- Statewide percentage
- The average of the QM percentages for all facilities in the state

**Comparison group national average:**
- National percentage
- The average of the QM percentages for all facilities in the nation

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CASPER Facility Quality Measure Report

**Comparison group national percentile:**
- Facility-specific rank relative to all facilities in the nation
- Represents percentage of facilities scoring better on the QM than your facility scored
- Higher the percentile rank, greater likelihood the care captured by the measure warrants review
- Asterisk appears next to any ranking of 75th percentile or greater to alert the facility to the need for review

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Casper Resident Level Quality Measure Report

**Important tool:**
- Use for record reviews of residents
- Assess for accuracy of MDS coding
- Use in QAPI activities and survey process
Resident Level Quality Measure Report:

- Identifies all residents, active and discharged, included in the QM calculations
- Drills down each Resident that is in the numerator of the given QM
- Indicates which resident triggered the QM

To Be Quality Driven
You have to have a Destination in mind, before you can have a plan. You have to have the information before you can make a plan. You have to have the drive to want to collect the information to make the plan to get to the destination!

Putting it all together for Better Care = Better Outcomes

- Resident Satisfaction
- Quality Care

- Person Centered
- Experience
- Preference
- Positive Outcomes
- Analyze
- Plan
- Prioritize
- Act

Quality Improvement Performance Improvement (QAPI)
Use your CASPER reports as a resource for QAPI

- Pull every month. Remember Data updates every Monday (early am) from MDS submission of prior week
- Distribute To: IDT including your Administrator & DON

Survey Profile 0004D Survey History 00030 Reports

- Distribute To: Administrator & DON pull after every Survey results (when in substantial compliance)
- Compare to the Five Star Monthly Preview Report

Five Star Monthly Preview Report Review

- Distribute To: Administrator and DON their focus: Health Inspections and Staffing
- MDS focus on accuracy of the QM’s

Nursing Home Compare Public Reporting Quarterly Preview Reports

- Distribute To: IDT & DON
- Compare the CASPER. This is a review of improvements made or areas of opportunities

Quality Assurance

- Measuring compliance with standards
- Inspections
- Required, reactive
- Outliers: "bad apples" Individuals
- Medical provider Few

Key Behavior Difference

- Motivation
- Means
- Attitude
- Focus
- Scope
- Responsibility All

Performance Improvement

- Continuously improving process to meet standards
- Prevention
- Chosen, proactive
- Processes or Systems
- Resident care

QAPI activities involve all levels of the organization to:

- Identify opportunities for improvement
- Address gaps in systems or processes
- Develop and implement an improvement or corrective plan
- Continuously monitor effectiveness of interventions

QAPI is a data-driven

Proactive approach to improve:
- Quality of life
- Quality Care
- Quality Services


Focus efforts on bottom-line issues up front

- Quality of care, Quality of Life, Quality of services
- Staffing levels consistent with acuity
- Accurate MDS coding
- Survey Readiness/Concerns

Establish Effective Continuous Quality Improvement Programs (not an exhaustive list)

- Quality Measures (QMs)
- Internal quality variance reports (skin, weight, falls, etc.)
- Survey history
- Resident satisfaction surveys
- Safety committee issues
- Complaints: Resident, family, staff, physician

It takes a systems-thinking and systems-level action along with team work to elevate your Quality Outcomes Destination

Resources

- QAPI at a glance
- Nursing Home Compare:
  - www.medicare.gov/NHCompare
- CMS Five-Star Quality Rating site:
  - www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/5SQRs.htm
- MDS 3.0 Quality Measures User’s Manual v10:
Resources

• Five-Star Technical User’s Guide:

• Nursing Home Compare Quality Technical Specification
  (new measures July 2016)

• CMS MDS 3.0 Training Materials, including RAI User’s Manual: