

Long-Term Care Survey Alert

Minimum Data Set CMS RELEASES LATEST ROUND OF MDS Q&AS;

To code or not to code those chewing or swallowing problems: That's the question for now but come July 1, 2002, there's a new answer to that question. That's when a nursing facility must code Section K1 on the MDS to indicate a resident has such problems, even when staff has introduced interventions that allow the resident to eat and drink. The Centers for Medicare & Medicaid Services' May 2002 Q&A's on the minimum data set provides this and other clarifications (go to www.hcfa.gov/medicaid/mds20/whatsnew.htm).

According to CMS, the clarification on how to code swallowing and chewing problems supersedes all previous discussions of the issue including Questions 2-23 (March 2001) and 3-51 (July 2001).

In explaining its rationale for the change, CMS says that if providers don't code the swallowing or chewing difficulties on the MDS, they may be less likely to address these problems in the care plan.

May a resident refuse an MDS assessment for religious or other reasons? Yes, says CMS, but the person may not be eligible for SNF coverage, as the Medicare program requires the beneficiary to authorize release of medical information to obtain benefits.

The staff should document the resident's refusal to have the MDS performed. In such a case, SNFs would be eligible for payment but only at the default rate. The absence of an MDS refused by a resident should not trigger a survey citation.