Long-Term Care Survey Alert

Survey Compliance: Work On These Hot Spots Before Surveyors Get Their Marching Orders

Care plans and residents' rights top the OIG's Work Plan list.

The best time to comply is way before state surveyors or the feds arrive with a big stick to see if you are doing things by the book.

And the **HHS Office of Inspector General's** 2005 Work Plan gives providers two major "heads up" about what regulators plan to target next:

1. Care planning. The OIG plans to study the "type, frequency and severity" of deficiencies for care planning in nursing homes, citing previous studies that have found deficiencies in comprehensive assessments, care planning and providing services in accordance with the care plan.

With the new focus on care planning on the table, keep in mind that the care plan is not only a perennial source of survey deficiencies of all types - it can also be your best friend in heading them off.

"You can use the care planning tool to predict outcomes, such as weight loss issues, the etiology of wounds (pressure ulcer versus venous stasis, for example), fall risk and the clinical unavoidability of major issues," comments **Scot Sauder, JD**, in Corrales, NM.

Many facilities shine in assessment where they identify the resident's risks and needs, Sauder observes. "But they don't all take that next step to translate the assessment data into a care plan to address issues as they emerge," he cautions. "And a facility can't really identify a course of treatment without analyzing the assessment and coming up with the interdisciplinary care plan."

Even though the RAI manual gives you time to complete the comprehensive care plan, the facility needs a written working care plan to provide daily care, Sauder adds. "The facility should also have a documented process for involving the resident, if he can participate, and the family in the plan of care."

2. Communicating residents' rights. The OIG will assess the extent to which residents and their families are "aware" of their rights under OBRA, the Work Plan warns. The language almost implies that the facility has to educate or ensure the resident/family comprehends their rights, says Sauder.

Consider using the admissions package to present the federally and state-mandated nursing home residents' rights, Sauder suggests. But do so in a user-friendly format, such as PowerPoint-type slides or FAQs, "because people aren't going to read two or three pages of pure text," he cautions. In the package, "address residents' and families' common questions, such as 'What do I do if I have a grievance or believe my rights have been violated?' Then list the contact information or procedure," Sauder advises.

Some states require facilities to provide notice of resident rights in both English and Spanish. But just complying with such requirements may not be enough. In all cases, assess your population for non-English speaking residents/families or those who may not be able to comprehend the written English notice of rights, Sauder advises.

"For example, if you have a lot of Asian Americans, you might provide the notice in English and the dialect understood by a large subset of your census," he suggests.

"In cases where a resident doesn't understand or read English well enough to comprehend his rights, find an interpreter or translator - for example, at a local college or church," Sauder continues.

Mind Your MDSs

The OIG Work Plan also cites the agency's ongoing study of the timeliness of MDS reporting on all residents - and the accuracy of Medicare MDS assessments, which drive payment.

The OIG isn't the only one hot on the trail of the MDS. There's DAVE, the government's computerized national MDS integrity watchdog. To improve MDS accuracy, the **Centers for Medicare & Medicaid Services** has launched a series of Webcasts on the top MDS inaccuracies uncovered by the DAVE program in its prenational phase.

In rank order these MDS problem spots are: Sections P, I, O, J and G. (CMS will analyze DAVE findings resulting from offsite and onsite MDS reviews later this year).

"The goal [of CMS' Webcasts] is to ensure MDS assessments are the same no matter who performs them," said **Thomas Hamilton**, director of the CMS Survey & Certification Group in an Oct. 29 Webcast focusing on coding Sections I (diagnoses), J (stability of health conditions, including pain and dehydration) and O (medications). The third and final CMS Webcast is scheduled for Feb. 28, 2005.

Facilities should definitely watch the CMS Webcasts on MDS accuracy. CMS is not only educating providers but surveyors and internal CMS staff are also tuning in.

Common errors detected by DAVE have to do with counting in Section P (therapy minutes) and Section 0 (number of meds or injections). So just double-checking your arithmetic can help keep you out of hot water, especially with inaccurate therapy minutes, which determine rehab RUG payment.

Section I (diagnoses) will become even more important as it will have a much bigger impact on payment under the upcoming RUGs refinements, sources say.

To register for and view the Aug. 27 MDS coding Webcast on Section G (physical functioning), the Oct. 29 Webcast and the upcoming one in February, go to www.cms.internetstreaming.