

## MDS Alert

### Maintain the MDS Throughout Evacuation Difficulties

#### Don't compound disaster by documentation failures.

Even if you weren't personally affected by the hurricanes and wildfires various facilities faced in the last few months, you may have imagined how your facility would fare in similar natural disaster circumstances. For more information on how your facility can prepare for a natural disaster, see MDS Alert Volume 15 Number 10 page 113.

But what about the RAI process and the MDS? Making sure care is provided as consistently as possible and the documentation of care is recorded should still remain a priority, especially once all residents and staff are safe.

First of all, make sure you know the requirements for transfers, generally, according to the RAI Manual:

- If a facility transfers a resident, it must provide all necessary medical information and documentation - including appropriate MDS assessments - to support the continuity of resident care.
- If a facility is accepting a resident from another SNF, staff must complete a new admission assessment within 14 days, even if the facilities are part of the same company or chain.
- The MDS schedule starts with the new admission assessment - and the new five-day Medicare-required PPS assessment, if applicable.
- Staff at the facility accepting the new residents should familiarize themselves with all available documentation, in order to provide care, but must also complete a new assessment and new care plans.
- If a facility transfers residents temporarily, due to a natural disaster, but management anticipates that residents will be returned back to their regular facility, the "home" facility should contact the appropriate regional office, state agency, and Medicare contractor for specific guidance.
- If a facility transfers residents due to a natural disaster and management decides residents will not return to their original facility, the evacuating facility should officially discharge residents and the accepting facility admit them. The MDS cycle begins again with the new admission dates, including assessments. Facilities in these situations should call the appropriate regional office, state agency, and Medicare contractor for further guidance.

#### What would you do?

If you need to evacuate residents, make sure you're aware of their MDS status in the new facility. Consider this scenario and decide on the proper response.

Meteorologists are forecasting extended heavy rains and a sister facility is in a zone that can be prone to flooding and flash flooding. Local government officials, including your county's emergency management response leader, recommend evacuating to higher ground. Your company decides to evacuate your sister facility and send residents to your facility. What should you expect, in terms of the MDS? Keep in mind you'll be submitting for reimbursement.

- A) Your facility uses the same software, so all of the residents' records, including the MDS, are available once your administrator adjusts the login credentials. Carry on as usual.
- B) Your facility uses the same software, so your residents' care plans and clinical records are available, but you restart the MDS process from the very beginning, as if you were admitting a new patient.
- C) Your facility uses the same software, and you want to make sure that there's as much continuity of care as possible. You log in, see the evacuated residents' records, and continue with the already established care plans, after reassessing and recording the psychological status of each evacuated resident.

The correct answer in this scenario would be B, according to the RAI manual. "No matter where they're admitted to, just

for short term, new OBRA and PPS assessment are needed," says **Marilyn Mines, Rn, BC, RAC-Ct**, senior manager at **Marcum LLP** in Deerfield, Illinois. "All assessments and evaluations need to be done again because the resident has entered a new facility.

And if your facility is evacuating residents, consider what the next facility needs to continue care right at the offset, especially if the facility doesn't have any means to access a resident's clinical records. "The admitting facility should also be sent in with the last MDS or one of the current ones or comprehensive, whichever is more informative, so that the accepting facility can be more including continuity of care issues," Mines says.

### **Prep your preparedness**

Write this into your plans as you reevaluate your emergency preparedness or establish new protocols for the facility assessment and QAPI. Your facility emergency preparedness plan should specify the particular roles for the MDS coordinator:

- How does your team want to handle the documentation of care?
- Who will be responsible for coordinating residents' MDS information?
- If the power goes out, what is the protocol for the team's documentation of care?
- What's the protocol for setting up a computer system and getting back online?

Remember, when you're making these plans, that you may be in the midst of evacuating residents and tracking where each person goes, as well as medication and other information about the residents.

Make sure you're paid for the care you provide. Avoid this major mistake: A facility accepted evacuated residents but neither the facility owner, the nurse assessment coordinator, nor therapists knew how to continue the RAI process or the MDS. They provided care and documented everything, but because their provider number was different from that on the evacuated residents' MDS, they couldn't bill Medicare for the services they provided. Don't miss out on money you deserve!

It's better to be forearmed and forewarned, says Mines, adding that it's good practice to have an RAI Manual on hand to consult during any kind of care transition, especially during an emergency. Otherwise, your reimbursement is very much at risk.