

MDS Alert

Practice Tip: Capture The Big 3 For Rehab Plus Extensive Services

Triage MDS items that land a resident in one of the new RUGs.

To help the MDS team set the best ARD for rehab residents who qualify for extensive services, **Extendicare Health Services** has developed an ARD selector worksheet that has three components to it.

Step No. 1: The MDS team identifies any of the five qualifiers for extensive services (IV, IV meds, ventilator, tracheostomy care, suctioning), says **Rita Roedel, RN**, director of clinical reimbursement for the Milwaukee-based long-term care facility chain.

Example: Say the resident's IV was discontinued in the hospital on December 1 (12/1). The nurse using the sheet would add six days to that date, which would be December 7 (12/7), which is the last day to set the ARD to capture the IV fluids. "You add six days for IVs coded at K5a, and 13 days to the treatments in Section P1" (IV meds, ventilator, tracheostomy care, suctioning), explains Roedel.

Step No. 2: Next the MDS team looks at the ADL documentation and selects the day in the assessment reference period when the resident was most dependent, requiring a two-person assist, for example, or three instances of weight-bearing support to code extensive assistance.

"The MDS nurse wants to make sure, if possible, to capture that greatest ADL dependence during the lookback," says Roedel.

"If the resident doesn't meet one of those ADL subscores for a certain rehab plus extensive services RUG," he won't go into it, says Roedel. Or if he doesn't get a total ADL score of at least 7, he won't go into one of the nine new RUGs.

The SNF can lose thousands of dollars on a resident's stay by setting an ARD that results in an ADL index that puts the resident in a lower paying rehab plus extensive services group, say **Diane Brown**, CEO of **Brown LTC Consultants** in Boston.

Final step: The third step involves capturing the resident's rehab therapy intensity, says Roedel.