

MDS Alert

RAI Compliance: Check Out These ADL Coding Tactics

Plus: Be aware of this April 1 RAI manual revision.

At Extendicare Health Services' nursing facilities, "CNAs' documentation is done on CareTracker which has replaced what would be the CNAs' flow sheet," says **Rita Roedel, MS, RN**, national director of clinical reimbursement for the organization in Milwaukee, Wis.

"On the wall-mounted kiosk, CareTracker highlights in yellow the names of residents who require documentation for the shift," Roedel explains. "From an ADL perspective, we expect the CNA to address all ADLs on each of the three shifts. There are safeguards in the system to make sure all components are addressed. For example, if the CNA documents the ADL self performance for an ADL was at the extensive assistance level, the system prompts the CNA to indicate the number of staff who provided support," she adds. "Once the required documentation for a resident is complete, the resident's name is no longer highlighted yellow."

"The MDS nurse is able to run reports to see what the CNAs have documented," Roedel says. "That is one of the ways we pick up on and correct data discrepancies. The data input by the CNAs is run through the RAI manual ADL algorithm," she adds. "The MDS nurse is able to run a condensed ADL report that suggests based on the CNA documentation how the item should be coded on the MDS." However, "the MDS nurse still needs to take into consideration other documentation (narrative nurses' notes and therapy documentation) and apply it to the algorithm to determine the final coding for the MDS," Roedel explains.

"Any narrative note by nursing or therapy may change the ADL coding in CareTracker, which we will do because we have the documentation to substantiate it," Roedel explains. "We put together a resource for our nurses that says if the therapist is charting a certain level, such as minimum assist, here's what that means in MDS language. We have found that is helpful. For example, when the therapist documents 'contact guard,' that's limited assistance in the MDS world," Roedel adds.

Tip: "If you have a large patient with limited weight-bearing tolerance and balance [problems], a small therapist may need another person to help for safety purposes whereas a large, tall PT might not," observes consultant **Pauline Franko, PT, MCSP**, president of Encompass Consulting and Education in Tamarac, Fla. "The person requiring a second person to assist should document that he or she had a second person for safety reasons," adds Franko.

Don't miss: The April 1 RAI manual has a new phrase, which MDS Alert has bolded: "Code 8, activity did not occur: if the activity did not occur **or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period.**" The change "refers to someone not employed by the facility doing 100 percent of the ADLs," says **Marilyn Mines, RN, BSN, RAC-CT, BC**, senior manager of clinical services for FR&R Healthcare Consulting in Deerfield, Ill. "This probably is only for those who have 24-hour caregivers," she adds.

Editor's note: See the April 1 RAI manual's ADL algorithm on page 29 of this issue.