

MDS Alert

RAI Compliance: Don't Throw Standing MDS Requirements Out With Rescinded RAI Manual Update

Hint: Out of manual shouldn't mean out of mind if you want to remain in compliance with these provisions.

The best advice for handling the June 2005 RAI manual update: Don't make MDS coding more of a moving target than it already is.

The latest manual revision, which goes into effect June 15, supplants a previous version that the **Centers for Medicare & Medicaid Services** pulled days before its May 1 implementation date.

Don't be fooled: The June update may be minus two provisions contained in the May version, but the deleted directives simply reiterated longstanding MDS instructions. And if you assume such provisions no longer apply - or go back to how your facility may have been doing things - you could run afoul of surveyors or government auditors.

Example No. 1: The attestation at AA9 where interdisciplinary members certify that they accurately completed their MDS sections.

The June update eliminates instructions directing interdisciplinary members to sign the attestation at AA9 to reflect the date they completed collecting information or coordinating data collection for a designated MDS section. The rescinded version's inclusion of the AA9 instructions at R2 [signature/date of the RN coordinating the assessment] appeared to confuse providers, notes **Ron Orth, NHA, RN, RAC-C**, a consultant in Milwaukee.

Yet, if you read the attestation statement at AA9, you'll see that the instructions in the rescinded May update simply reiterated what has always been required, cautions **Rena Shephard, RN, MHA, FACDONA**, president of RRS Healthcare Consulting in San Diego.

Tip: Make sure the interdisciplinary team members sign/date AA9 to reflect when they actually completed data collection/coordination for their respective sections - not the date when the facility prints the computer-generated MDS.

Example No. 2: Coding residents as "independent" in ADL self-performance in Section G1A.

The June update omits instructions present in the rescinded May version directing facilities to code a resident as independent if an activity occurred less than three times in the lookback, regardless of the resident's level of self-performance. But again, "that's always been the case" for coding a resident as independent, says Shephard.

"It's been on the flowchart on page 3-90 of the RAI User's Manual all along."