

MDS Alert

RAI COMPLIANCE: Know When To Submit A Reentry Form

Focus on these 2 key points and you won't get confused.

Do you ever find yourself wondering whether to complete reentry forms and admission assessments for residents readmitted after a hospital stay? Cut through the regulatory red tape with these two simple rules.

Rule No. 1: You only have to do a reentry tracking form if the resident returns to the facility after being discharged (return anticipated - AA8a = 7 coded on the discharge tracking form), instructs the RAI manual.

"The reentry tracking form tells the system the person has come back," explains **Rena Shephard, RN, MHA, FACDONA**, president of **RRS Healthcare Consulting** in San Diego.

Rule No. 2: You don't have to do another admission assessment on a resident for whom you submit a reentry form. That's because you should have already done the OBRA assessment before the resident left the facility.

Instead: If the resident is on a Medicare Part A stay, submit the re-entry form when he returns to the facility and start the PPS assessment with the 5-day MDS, advises **Marilyn Mines, RN, BC, RAC-C**, director of clinical services for **FR&R Healthcare Consulting** in Deerfield, IL. "Code it as a readmission ('5' in AA8b), if the person went to the hospital from a Medicare A stay and returned to a Medicare A stay."

But even though you do the 5-day PPS assessment, you don't change the OBRA assessment timeline unless the resident has experienced a significant change in status, which is an OBRA comprehensive assessment requiring RAPs and care plan.

Sidestep extra work: Don't do a SCSA if the resident's change in status is self-limiting and doesn't meet the RAI manual criteria, stresses **Pam Campbell, RN**, a consultant with **LTC Solutions Inc.** in Camendton, MO. (Review the requirements for an SCSA on pp. 2-7 through 2-13 of the RAI manual.)

Tip: "Document in the clinical record that you've evaluated the person for a significant change, your findings -- and the rationale for deciding not to do an SCSA," says Campbell.

If the resident doesn't require an SCSA, do the 5-day assessment and then the 14-day PPS assessment without the RAPs, etc., adds Mines. (If the person requires an SCSA, you can combine it with either the 5-day or 14-day assessment, she adds.)

What if the resident is on Medicaid? If the Medicaid resident coded on the discharge tracking form as return anticipated comes back to the facility, continue the OBRA timeline for doing the next assessment unless the resident had a sig change. Since the SCSA is a comprehensive assessment, it would restart the OBRA clock, says Mines. "In that case, the next assessment would be due in 92 days" (the MDS completion date at R2b plus 92 days). "Depending on the timeline, that assessment might be the next quarterly, which is not a comprehensive assessment -- or an annual, which is comprehensive (with RAPs)." (See the RAI manual decision tree for doing discharge and reentry tracking, in this issue.)