

MDS Alert

Reader Question: Coding Isolation May Require SCSA

Question: If we put a resident in isolation for confirmed COVID-19 infection, do we have to code a Significant Change of Status Assessment (SCSA)?

Georgia Subscriber

Answer: The RAI Manual notes: "... there are psychosocial risks associated with such restriction, and it has been recommended that psychosocial needs be balanced with infection control needs in the long-term care setting" (O-6) - but with COVID-19, the infection caused by the virus SARS-CoV-2, the necessity of limiting transmission is both obvious and mandated.

The RAI Manual also says: "... When coding for isolation, the facility should review the resident's status and determine if the criteria for a Significant Change of Status Assessment (SCSA) is met based on the effect the infection has on the resident's function and plan of care. The definition and criteria of "significant change of status" is found in Chapter 2, Section 2.6, 03. Significant Change in Status Assessment (SCSA) (A0310A = 04). Regardless of whether the resident meets the criteria for an SCSA, a modification of the resident's plan of care will likely need to be completed" (O-6).

Things to remember: The RAI Manual specifies that a SCSA is generally appropriate when:

"There is a determination that a significant change (either improvement or decline) in a resident's condition from his/her baseline has occurred as indicated by comparison of the resident's current status to the most recent comprehensive assessment and any subsequent Quarterly assessments; and

"The resident's condition is not expected to return to baseline within two weeks."

You can find more conditions for SCSA appropriateness on pages 2-22 and 2-23.

The RAI Manual notes that the Centers for Disease Control and Prevention (CDC) has guidelines on the various risks associated with isolation, which you can read: www.cdc.gov/infectioncontrol/guidelines/isolation/index.html.