

MDS Alert

What Do You Think?

The following Q&As have been provided courtesy of **Marilyn Mines, RN, BSN, RAC-CT, BC**, senior manager of clinical services for FR&R Healthcare Consulting in Deerfield, Ill.

Question 1: If a resident is scheduled for their 30 day assessment on day 27 of the Medicare stay, and the last day of observation for 7 day for a potential Change of Therapy (COT) falls on day 27, does the facility need to combine the 30 day assessment with the COT?

Answer 1: A COT is only required if the rehab category/intensity changes. So first, you must determine if there is a change in the therapy regimen. Secondly, it is not required to do a COT if the 7th day of observation is the ARD.

If Day 7 of the COT observation period falls within the ARD window of a scheduled PPS Assessment, the SNF may choose to complete the PPS Assessment alone by setting the ARD of the scheduled PPS assessment for an allowable day that is **on or prior to Day 7** of the COT observation period. This effectively resets the COT observation period to the 7 days following that scheduled PPS Assessment ARD. Alternatively, the SNF may choose to combine the COT OMRA and scheduled assessment following the instructions discussed in Section 2.10. (October 2012 updated RAI manual)

Note: If the RUG payment will increase, it is suggested than a COT OMRA be completed.

Question 2: Can you clarify the attestation dates for interviews? My staff is confused about which date to put on section Z, the signature page.

Answer 2: Per the RAI manual, October 2012, 2-52, when completing a standalone unscheduled assessment, the interviewed information obtained on the previous interview can be utilized only if the DATE of the interview responses from the previous assessment (as documented in item Z0400) were obtained no more than 14 days prior to the DATE of completion for the interview items on the unscheduled assessment (as documented in item Z0400) for which those responses will be used.

Furthermore, the RAI requires:

... all staff who completed any part of the MDS must enter their signatures, titles, sections or portion(s) of section(s) they completed, and the date completed.

If a staff member cannot sign Z0400 on the same day that he or she completed a section or portion of a section, when the staff member signs, use the date the item originally was completed. (Z-7)

Question 3: My facility has a routine turn every 2 hours program for any resident who is unable to turn and position independently. Can I code turning/repositioning program in section M1200C, as well as bed mobility program in O0500D?

Answer 3: No. The requirements for coding M1200C are that there is a "consistent program for changing the resident's position and realigning the body." Remember that "program" is defined as "a specific approach that is organized, planned, documented, monitored, and evaluated based on an assessment of the resident's needs."

Heads up: The turning schedule is based on a specific assessment, often times a tissue tolerance test, that identified the residents' need for positioning and turning. If your 2 hour turning plan is used for all residents, then it does not meet the criteria.

Question 4: I am the restorative nurse and have placed many residents on a scheduled toileting plan. Recently, my consultant told me I did not meet the requirements to code urinary toileting program. Why not?

Answer: In order to properly code a urinary toileting program, you need the following:

- An individualized toileting diary to identify the resident's individual toileting pattern. This will allow the development of an individualized toileting schedule.
- Documentation to prove the staff and resident are aware of the program.
- Documentation of resident's response to toileting.

In the care plan, the interventions must include when the individual resident should be toileted. If your care plan indicates 2 hours, this is not a toileting program. It may be your facility policy or routine but not a program.

For more information: Refer to the October 2012 RAI manual H-4 through H-7.