

## FYI -- Updates

Date: March 2006



*Aim For Success*

### Fall Prevention

We do not generally recommend specific products but a client told me about a different type of “alarm” they had used with good success in reducing falls for some residents. It is a programmable “talking alarm” that sounds a recorded message when the resident attempts to get out of chair or bed. The recording can be individualized for the resident. I am confident that more than one company may make such a device; however information on one such alarm can be found at Direct Supply 1-800-306-4774 Voice Sentry Alarm Deluxe Voice Sentry # 64466 (\$52.82). This device comes with a pad that can be placed in w/c or bed, can connect directly to nurse call bell system and alert the nurse as the pre-recorded voice talks to the patient, has volume control, can be set to alarm with a voice or an alarming type sound. Does have a delay incase patient is just repositioning self and shuts off if patient sit's/lay's back down. Chair/bed pad is moisture-resistant. (Note: the nurse call cord must be ordered separately)

### MDS – January Revision to the RAI Manual

CMS has released the January 2006 updates to the *MDS 2.0 Resident Assessment Instrument User's Manual*. The manual changes do include four dehydration diagnosis codes for nursing homes to use: 276.5, 276.50, 276.51, and 276.52 to use in Section I as outlined in previous information.

### Contact Information

Mary will be phasing out her pager over the next few months. Please contact her by calling her **office phone at 804-355-1943** or her **cell phone at 804-690-5824**. You may also contact by e-mail at [maryltc@mindspring.com](mailto:maryltc@mindspring.com).

### MDS Notes

- In a February 2006 study released on 3/1/06 the OIG reported **Twenty-six percent of RUGs on claims were different from the ones generated based on evidence in the medical record**. Based on a comparison of the MDS and the rest of the medical record, we found that 26 percent of RUGs on claims submitted by skilled nursing facilities (71 of the 272 claims in our sample) were different from the ones generated based on evidence in the rest of the medical record. More specifically, 22 percent of claims, or 59 of the 272 claims in our sample, had a RUG with a higher associated payment rate than the one generated based on evidence in the medical record. These differences represented potential overpayments. The remaining 4 percent of claims, or 12 of the 272 claims in our sample, had a RUG with a lower associated payment rate than the one generated based on evidence in the medical record, representing potential underpayments.
- **DAVE is coming back**. CMS has announced that phase two of the DAVE project will start this spring. The purpose of this new project is to assess the accuracy and reliability of national CMS data through focused onsite reviews of the MDS assessment. 60 on-site visits are planned for the spring. DAVE contractors will announce their visits.
- **RAP Summary Documentation** – we have heard that several NFs have been cited for not clearly identifying the location and date of the RAP summary information. When completing the middle column of the RAP summary form, it is important that you note where in the clinical record the information is found to support your decision-making. It may not be acceptable to simply write “see RAP Summary Module 3/1/06” even though that is the one location in which you have pulled all factors into a summary statement. Continue to document your “critical thinking” to support care plan decision.

**Revisions to F-248/249 Activities** – expect revised Interpretive Guidelines soon. CMS Webcast training is scheduled for 4/7/06; you can sign up at <http://cms.internetstreaming.com>

