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| **MDS Area** | **Concerns Presented to ODM** | **ODM’s Response to Concerns Presented** | [**RIA Manual Reference**](https://downloads.cms.gov/files/mds-3.0-rai-manual-v1.17.1_october_2019.pdf) | **Comments** |
| Isolations | Can NF policy indicating steps to be taken for isolated residents be used to show services were provided? | No. A NF policy does not show specific documentation indicating required services were delivered to resident(s) during periods of isolation. |  | 1. Multiple NFs have passed this portion of its exception review. Documentation specific to required services being delivered is essential. 2. Census reports can and are being used when appropriate. |
| Inconsistencies of review results | Specific circumstances of documentation accepted by one MDS reviewer but not by another MDS reviewer. | Exception reviews are carried out and conclusions drawn from RIA manual requirements. | All relevant sections | ODM acknowledges circumstances can be different, thus resulting in apparent differences in review results. Please provide specific instances of this concern; ODM will investigate and report back. |
| LPN Scope of Practice | Can contribute to assessment; final assessment is interpreted by RN | ODM confirmed with Ohio Board of Nursing; assessments are beyond the acceptable scope of duties for LPNs | N/A | Documentation reviewed indicated LPNs made assessments. Further, there was no documentation suggesting RNs interpreted or performed final assessment. |
| MDS Training for NFs | NF Associations are conducting various forms of training for members. | ODM is working with the Department of Health’s RIA coordinator to develop meaningful training. | N/A | This is still in development. ODM will certainly collaborate with the NF Associations, DOH, and selected NFs as appropriate as this progresses toward rollout. |
| Unsupported Items; Mood/Depression Assessments | Would notes written on MDS would be accepted if documented what interview was performed and when it was completed? | Yes, this could be accepted. However, documentation of qualified healthcare professional, date performed, and specific resident interviewed would be required. | D0200; Pgs. D3-D9 | 1. MDS reviewers continue to assist NFs to locate relevant documentation to support this item. 2. Some records lacked interview date or was dated after ARD date. |
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| Unsupported Items; Diagnosis | Agrees with 60-day look-back period for identification and seven-day look-back period criteria (i.e., active diagnosis with direct relationship to residents’ health status. Problem; if no treatment or meds needed. Care plan could be acceptable if specific re diagnosis is affecting resident care and services and interventions clearly listed (could be listed on ADLs). | Care plans are reviewed and considered in this area. | Pages I1-I15 | Documentation of 60-day look-back and seven-day lookback are both required when applicable. MDS reviewers will continue to assess records’ documentation on case-by-case basis. |
| Unsupported Items; Respiratory Therapy | If resident has abnormality creating shortness of breath, that could be acceptable to support diagnosis? If diagnosis is not traditionally respiratory (e.g., chronic afib). | Diagnosis must be documented by a qualified healthcare professional.  Existence of and documentation indicating Monitoring, Assessment, and Treatment required. | Page O15-O29 | ODM believes the RIA manual is clear on this point. |
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