



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
*Aging and Long-Term Support Administration*  
*PO Box 45600, Olympia, WA 98504-5600*

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AL TSA NH #2017-002  
MINIMUM DOCUMENTATION AND REVIEW STANDARDS FOR THE ACTIVITIES OF DAILY  
LIVING CODED ON THE MINIMUM DATA SET (MDS) 3.0

Dear Nursing Facility/Home Administrator:

Washington State is a Medicaid Case-Mix payment state. The Department of Social and Health Services/Residential Care Services (RCS) has the responsibility of monitoring the accuracy of the Minimum Data Set (MDS), which is used to establish Medicaid case mix payment rates and resident Resource Use Group (RUG) classifications. This responsibility is authorized by WAC 388-96-905.

The review process is done by the Case Mix Accuracy Review (CMAR) unit whose responsibility is to carry out a review process that is efficient and effective in detecting errors in resident assessment data submitted for payment. RCS has clarified the minimum documentation and review standards for the Activities of Daily Living (ADLs) coded on the MDS in section G.

The documentation in the clinical record should consistently support each MDS ADL item response and reflect the resident's self-performance and support being provided.

- **ADL SELF-PERFORMANCE:** Measures what the resident actually did (not what he/she might be capable of doing) within each ADL category over the last 7 days according to a performance-based scale.
- **ADL SUPPORT PROVIDED:** Measures that support provided by staff over the last 7 days, even if that level of support only occurred once.
- The "**Rule of 3**" is a method that was developed to help determine the appropriate code to document ADL Self-Performance on the MDS and must be used when coding Self-Performance ADLs.

The validation process for ADL assessment is based on review of the documentation in the clinical record for the 7 day look back period, and may also include interviews with direct care staff from each shift that have cared for the resident to support what the resident can do; and the type and level of staff support, including use of narrative notes to support ADL coding.

In summary, the review of records, resident interviews and resident observations must validate each ADL coded.

Thank you for your continued commitment to the health and safety of nursing home residents. If you have any questions, please contact your local RCS Field Manager.

Sincerely,

Candace Goehring, Director  
Residential Care Services

"Transforming Lives"