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

December 12, 2017

ALTSA: NH #2017-033
MINIMUM DOCUMENTATION 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. Under the authority of WAC 388-96-905, the Department of Social and Health Services/Residential Care Services (RCS) has the responsibility to monitor 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.

The Case Mix Accuracy Review (CMAR) unit within RCS is responsible to carry out a review process to monitor accuracy in resident assessment data submitted for payment. The CMAR validation process for ADL assessment will include review of the documentation in the clinical record for the 7 day look back period and may also include interviews with facility staff to corroborate documentation of the care regarding Activities of Daily Living (ADLs) that the resident can do; and the type and level of ADL staff support provided.

In summary, the MDS coding completed by the facility must be accurate and be able to be validated. The standards for MDS documentation are based on the RAI Manual, the State Operations Manual and the nursing home WAC.

Validation of Documentation
The coding on the Minimum Data Set (MDS) information serves as the clinical basis for care planning, care delivery, payment rate setting and quality monitoring. It is vital that the coding accurately reflect a resident's condition during the assessment reference period the MDS coding completed by the facility must be accurate and be able to be validated.

Documentation
For items in Section G, the documentation in the clinical record must consistently support each ADL item response and reflect the resident's self-performance and support being provided by staff.

ADLs for Self-Performance: The items A through J must have facility staff documentation over all shifts indicating the level of self-performance that an ADL activity occurred.

- **The MDS is coded** based on the resident's self-performance for all shifts during the look back period using the "**Rule of 3"**. See Rule of 3 instructions in the RAI Manual on page G-1 and the Algorithm on page G-8.

ADL Support Provided: The items A through J must have facility staff documentation over all shifts indicating the level of ADL staff support provided that occurred.

- The MDS is coded based on the most support provided over all shifts during the look back period even if it only occurred once during the look back period.

If the facility chooses to use a narrative note to document an ADL for Self-Performance or Staff Support Provided, the note must at a minimum contain: 1) date of activity, 2) identifiable staff person and title, and 3) level of Self-Performance or Staff Support that occurred.

- The content of the narrative note must be able to be validated and corroborated in the clinical record. The narrative note must abide by the Rule of 3 for validation of an ADL for Self-Performance.

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"