CH.	Sect.	Pg.	June 2006 Revision
	Forms		Moved MPAF forms up to where the MDS All Forms are located
NA	**Title Page**	**NA**	Change the revised date to June 2006
CH3		**3-194**	The time provided for Items ~~P1a-k~~ P3a-k must be coded separately, in time blocks of 15 minutes or more.
		3-216	completed and therapy treatment(s) has been scheduled. If therapy treatment(s) will **not** be scheduled, skip to Item ~~T3~~ T2.

	Appendix	Page	June 2006 Revision
	B	**1-9**	Update RAI and Automation Coordinator's contact list

	Section	Page	June 2006 Revision
	Index	**8**	Correct page number on item below: *Respite Resident-RAI Applicability* ~~*115-4*~~ *1-15*

Centers For Medicare & Medicaid Services

Revised

Long-Term Care Facility Resident Assessment Instrument User's Manual

Version 2.0

December 2002

June 2006

Coding: For the last seven days, enter the number of days on which the technique, procedure, or activity was practiced for a total of at least 15 minutes during the 24-hour period. The time provided for Items P3a-k must be coded separately, in time blocks of 15 minutes or more. For example, to check Item P3a, 15 or more minutes of PROM must have been provided during a 24-hour period in the last 7 days. The 15 minutes of time in a day may be totaled across 24 hours (e.g., 10 minutes on the day shift plus 5 minutes on the evening shift) however; 15-minute time increments cannot be obtained by combining P3a, P3b, and P3c. Remember that persons with dementia learn skills best through repetition that occurs multiple times per day. Review for each activity throughout the 24-hour period. Enter zero "0" if none.

Clarifications:

- If a restorative nursing program is in place when a care plan is being revised, it is appropriate to reassess progress, goals and duration/frequency as part of the care planning process. Good clinical practice would indicate that the results of this "reassessment" should be documented in the record.

- When not contraindicated by State practice act provisions, a progress note written by the restorative aide and countersigned by a licensed nurse is sufficient to document the restorative nursing program once the purpose and objectives of treatment have been established.

- Facilities may elect to have licensed professionals perform repetitive exercises and other maintenance treatments or to supervise aides performing these maintenance services. In these situations, the services **may not** be coded as therapy in Item P1b, since the specific interventions are considered restorative nursing services when performed by nurses or aides. The therapist's time actually providing the maintenance service can be included when counting restorative nursing minutes. Although therapists may participate, members of the nursing staff are still responsible for overall coordination and supervision of restorative nursing programs.

- Active or passive movement by a resident that is incidental to dressing, bathing, etc. does not count as part of a formal restorative care program. For inclusion in this section, active or passive range of motion must be a component of an individualized program with measurable objectives and periodic evaluation delivered by staff specifically trained in the procedures.

- The use of Continuous Passive Motion (CPM) devices as Rehabilitation /Restorative Nursing is coded when the following criteria are met: 1) ordered by a physician, 2) nursing staff have been trained in technique (e.g., properly aligning resident's limb in device, adjusting available range of motion), and 3) monitoring of the device. Nursing staff should document the application of the device and the effects on the resident. Do not include the time the resident is receiving treatment in the device. Include only the actual time staff required to apply the device and monitor.

completed and therapy treatment(s) has been scheduled. If therapy treatment(s) will **not** be scheduled, skip to Item T2.

If the resident is scheduled to receive at least one of the therapies, have the therapist(s) calculate the total number of days through the resident's fifteenth day since admission to Medicare Part A when at least one therapy service will be delivered. Then have the therapist(s) estimate the total PT, OT, and SP treatment minutes that will be delivered through the fifteenth day of admission to Medicare Part A.

c. ESTIMATE OF NUMBER OF DAYS (Through day 15)

Coding: **Estimate of Number of Days** - Enter the number (#) of days at least one therapy service can be expected to have been delivered through the resident's fifteenth day of admission. Count the days of therapy already delivered from Item P1a, b, and c. Calculate the expected number or days through day 15, even if the resident is discharged prior to day 15. If orders are received for more than one therapy discipline, enter the number of days at least one therapy service is performed. For example, if PT is provided on MWF, and OT is provided on MWF, the MDS should be coded as 3 days, not 6 days.

Clarifications:

- Do not count the evaluation day in the estimate number of days unless treatment is rendered.
- When the physician orders a limited number of days of therapy, then the projection is based on the actual number of days of therapy ordered. For example, if the physician orders therapy for 7 days, the projected number of days in T1c will be 7.

d. ESTIMATE OF NUMBER OF MINUTES (Through day 15)

Coding: **Estimate of Number of Minutes** - Enter the estimated **total** number of therapy minutes (across all therapies) it is expected the resident will receive through the resident's fifteenth day of admission. Include the number of minutes already provided from MDS Items P1ba(B), P1bb(B), and P1bc(B). Calculate the expected number of minutes through day 15, even if the resident is discharged prior to day 15.

Clarification:

- Do not include evaluation minutes in the estimate of number of minutes.

APPENDIX B

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RESPONSIBLE FOR ANSWERING RAI QUESTIONS

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