

2

Simple and Easy: Winning in PDPM Payment and Regulatory Strategies

Building a Team Approach to Data Formulation

Staff Responsible for coding data on the MDS

MDS Manager _____

Date - _____ Initials- _____

Instructions

- Date the form each time you edit or change information.
- Staff name – not just title. Timeline – when does data need to be documented or completed to the MDS office.
- RAI Manual – Date RAI Manual instructions were given to staff coding the documentation.
- Staff members are to return 1 copy of RAI Manual instructions to the MDS office with a signature indicating they have read and plan to use the definitions and manual instructions in their documentations.
- When the RAI manual instructions change – new copies of updated instructions and definitions will be provided to the staff.
- All signed manual instructions will be filed in employee files or special competency files for each employee.
- This master record will be kept in the MDS office or Administrators office.

Documentation	Staff Name/Title	Date	Manual Instructions Deadline	Staff Name/Title	Date	Manual Instructions Deadline	Additional Notes
Scheduling							
Section A Identification Information							
Section B Hearing, Speech, and Vision							
Section C Cognitive Patterns							
Interview							

Documentation	Staff Name/ Title	Date	Manual Instructions Deadline	Staff Name/ Title	Date	Manual Instructions Deadline	Additional Notes
Section D Mood							
Interview							
Section E Behavior							
Section F Preferences for Customary Routine and Activities							
Interview							
Section G Functional Status							

Documentation	Staff Name/ Title	Date	Manual Instructions Deadline	Staff Name/ Title	Date	Manual Instructions Deadline	Additional Notes
Section GG Functional Abilities and Goals							
Section H Bladder and Bowel							
Section I Active Diagnoses							
Section J Health Conditions							
Interview							

Documentation	Staff Name/ Title	Date	Manual Instructions Deadline	Staff Name/ Title	Date	Manual Instructions Deadline	Additional Notes
Section K Swallowing/ Nutritional Status							
Section L Oral/Dental Status							
Section M Skin Conditions							
Section N Medications							

Documentation	Staff Name/ Title	Date	Manual Instructions Deadline	Staff Name/ Title	Date	Manual Instructions Deadline	Additional Notes
Section O Special Treatments							
Special P Restraints and Alarms							
Section Q Participation in Assessment & Goal Setting							
Section Z Assessment Admin. Z-100							

Documenation	Staff Name/ Title	Date	Manual Instructions Deadline	Staff Name/ Title	Date	Manual Instructions Deadline	Additional Notes
Z400							
Z500							
Transmission & Validation							