

MDS 3.0 Section F Preferences for Customary Routine and Activities

The Top Ten Questions Asked by Activity Professionals

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1. I don't see section F on the quarterly? When is section F completed?

Section F, Preferences for Customary Routine and Activities, is completed any time a comprehensive assessment is conducted:

- Admission Assessment
- Annual Assessment
- Significant Change Assessment
- Significant Correction of a Prior Full

2. Who completes section F?

Which individual or department is completing various sections of the MDS 3.0 varies from facility to facility. There are reports of Activity Professionals completing the following:

- All of the resident interviews, in addition to section F
- Some of the interviews (mood, cognition, and/or preferences)
- None of the interviews or sections of the MDS 3.0
- Some facilities are training each member of the IDT to conduct the complete interview and then taking turns in conducting the interviews.
- The most common, however, appears to be that the Activity Professional is completing all of section F.

3. Do I still have to do quarterly notes even though section F is not in the quarterly MDS?

Just because section F is not included in the quarterly MDS, does not mean the Activity Department shouldn't continue with their quarterly progress notes or other episodic notes. It is very important that the Activity Professional monitor each resident's responses to activities and any activity interventions in accordance with the care plan. Quarterly and episodic notes help the Activity Professional to determine if changes should be made to care plans or if a change in the type of programming provided is needed.

4. Should I change my Activity Assessment?

Many Activity Directors are changing their Activity Assessments to be more compatible with the MDS 3.0. It's really an individual choice. Look at your current Activity Assessment and be sure it doesn't have any old MDS 2.0 language. If so, you may want to remove that and replace with current MDS 3.0 language. The Activity Assessment must provide the assessor with information that is necessary to plan a program of activities for the resident based on the resident's individual need, interests, and preferences. Areas to consider include but are not limited to:

- Current, past and potential activity interests
- Potential barriers to activities such as psychosocial, cognitive, physical or health
- Family and community involvement
- Activity adaptations, modifications, adaptive equipment
- Cultural, language, education, religious, and spiritual considerations
- Special skills and strengths
- Recommendations or referrals

If you are looking to change your Activity Assessment to be more compatible with the MDS 3.0, then check out Recreation Therapy Consultants. They have a new Activity Assessment form available.

5. What exactly triggers activities in the MDS 3.0?

- Any 6 items for interview for activity preferences has the value of 4 (not important at all) or 5 (important, but cannot do or no choice) as indicated by any 6 of F00500A through F00500H is coded a 4 or 5.
- Any 6 items for staff assessment of activity preferences item L through T are not checked as indicated by any 6 of F0800L through F0800T are NOT checked.
- The Mood Interview reveals the resident has little interest or pleasure in doing things as indicated by: D0200A1=1.
- Staff assessment of resident mood suggests resident states little interest or pleasure in doing things as indicated by: D0500A1=1.

6. What is the difference between the Resident Assessment Protocols (RAPs) and the Care Area Assessment (CAAs)?

RAPS and CAAs are very similar in the respect that both:

- Review MDS and gathered data
- Involve decision-making and care planning
- Determine triggered care areas and assess further
- Include documentation in the medical record

The major difference between the RAPs and the CAAs is that there is no mandated assessment tool/ protocol like there was with the MDS 2.0 RAPs. Now facilities may choose to use CAA resources (Appendix C) and/or current standards of practice, evidence-based or expert-endorsed resources to conduct further assessment of triggered areas.

7. Do I have to care plan if the resident is alert and oriented and codes a 4 (not important) or 5 (important but can't do, no choice) in the Activity Preferences Interview and triggers in activities?

One of the ways in which CAT number 10, Activities, will trigger is if the resident interview for activity preferences is coded with a total of six 4's or 5's. If the resident is alert/oriented and codes a 4 (not important at all), it just alerts us that we should look into it further. It could be that the resident is indeed alert/oriented, but is there some type of psychosocial factor or health issue that is the underlying cause of the resident answering a 4? Or is it that the resident answers 4's because he/she simply has no interest in those preferences being asked of him/her and may have other interests instead, such as crafts, exercise, computers, etc? Or if a resident codes a 5 (can't do or no choice) this may indicate the resident has perceived or actual barriers or has developed a sense of learned helplessness. The primary concept of the CAA process is to look for those underlying causes and contributing factors.

The decision to care plan or not will vary depending on the CAA analysis and findings. It is also important to note that just because a resident triggers in activities, doesn't mean we have to care plan for it. It is equally important to note, however, that just because a resident doesn't trigger in activities, doesn't mean we shouldn't care plan. The decision to care plan or not is truly based on the resident's problems, needs, preferences, strengths and the IDT's findings and recommendations.

8. What do I do if the resident cannot or refuses to answer the interview questions?

If the resident doesn't answer a preferences question, or answers with an incoherent or nonsensical response, then the assessor is to code a 9. Three code 9's and the assessor is to stop the interview and complete the staff assessment for customary routine and activity preferences.

9. What type of documentation do I need to do for the CAAs?

CAA responsibilities, how it is facilitated, and where it is written in the medical record, will depend on facility protocol. Further assessment in a particular area should be within the scope of training or practice of the discipline filling out the section. CAA process must be interdisciplinary and involve the resident/significant other. CMS clearly states that CAA documentation must include:

- Nature of issue/condition.
- Causes, contributing risk factors, complications.
- Need for referrals and/ or further evaluation.
- Factors that must be considered in developing individualized care plan interventions including appropriate documentation to justify the decision to plan care or not to plan care for the individual resident.
- Resources used - Facilities may have written policies/ protocols/ standards of practice.
- Completion of Section V (CAA Summary).

10. Where can I watch the VIVE

- Order the video for free from CMS at <http://productordering.cms.hhs.gov/Login.aspx>
- Watch the video online:
<http://pickerinstitute.org/vive>
http://www.youtube.com/cmshhsgov#p/u/7/Ereawm4_F7k
<http://www.recreativeresources.com/MDS3.0.htm>

For more MDS 3.0 education, news and resources for Activity and Recreation Professionals visit <http://www.recreativeresources.com/MDS3.0.htm>

About the Author

Kimberly Grandal, Founder and Executive Director of Re-Creative Resources, Inc., is a strong advocate for the field of Therapeutic Recreation and Activities, with over 18 years of experience in various management and consultant positions. She is an Activity Consultant Certified and a Certified Therapeutic Recreation Specialist. Kim founded Re-Creative Resources Inc. in 2006 and provides seminars for various local, state and national activity associations. She also offers lectures for Re-Creative Resources Inc. and provides online webinars. In addition, Kim provides consultation and support to numerous facilities in the state and nationwide and writes for numerous online sources.

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