North Carolina Department of Health and Human Services
Division of Medical Assistance

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Medical Record Correction Policy for MDS Validation Reviews

Policy: Minor changes or corrections in the resident's status should be noted in the resident's record, in accordance with standards of clinical practice and documentation. Once documentation is recorded in the medical record, facilities may not "change" previously recorded documentation. This policy allows for a correction methodology in accordance with standards of clinical practice and documentation.

Procedure: Such monitoring and documentation is a part of the facility's responsibility to provide necessary care and services. However, it is important to remember that the medical record is the legal assessment. Changes made to the electronic record or paper record maintained in the medical record after data transmission are not recognized as proper corrections.

Therefore, the Division of Medical Assistance has made provisions to allow proper corrections for the electronic record or paper record maintained in the medical record.

a) If an error is discovered in the supporting documentation within 14 days of the ARD, but no later than the completion date of the MDS and before submission to the **Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system,** the documentation may be corrected using standard editing procedures
b) Any corrections made including but not limited to, the Activities of Daily Living (ADL) grid must have an associated note of explanation per correction
c) If a significant error is discovered in a record after submission to the QIES ASAP system, modification or inactivation procedures must be followed as directed in **Chapters 2 and 5** of the RAI manual
d) A quarterly or summary note will not substitute for an occurrence correction for the MDS Validation review
e) Improper or illegible corrections will not be accepted for the MDS Validation review
f) All documentation, including corrections, must be part of the original legal medical record
g) Any and all MDS coding and interpretation questions shall be referred to the local State RAI Coordinator

This policy may be accessed at **http://nc.mslc.com/Resources**