



MAHC-10 Fall Risk Assessment Tool

FREQUENTLY ASKED QUESTIONS #1 (10-12-12)

1. Poly Pharmacy - 4 or more prescriptions, any type. You are specifically saying prescriptions, and including “prescriptions” for OTC. Most patients that take OTC drugs do not have prescriptions for them. For instance, they just add vitamins, allergy meds, etc on their own without a “prescription”. Is it correct in that it is meant to only be those that the doctor has **prescribed** (such as aspirin 81mg)?

Correct. Most medications ordered by physicians are available only by prescription. However, at times a physician may **prescribe** a medication that is available OTC. When the patient takes the physician prescription for an OTC medication to the pharmacy to be filled, the “prescription” would be counted because it has been “prescribed” by a physician.

2. Aftercare codes? Do they “count” as a medical diagnosis? What about other V codes such as status of VXX.XX? Does “Medical diagnosis” mean each disease, as some diseases may have multiple codes, such as Late effects, DM manifestations, Pressure Ulcers?

Aftercare codes and other V codes are related to a medical diagnosis and would **NOT** count. These are generally describing or adding more in depth information to the medical diagnosis.

3. While it is good practice to conduct a fall risk assessment at recertification, M1910 isn’t included in the OASIS-C recertification assessment. Is it acceptable for an agency to change the time points for conducting the fall risk assessment to SOC and ROC?

It is up to each agency to meet the CMS requirements and their own agency policies when to conduct a fall risk assessment. We suggest using the MAHC 10 at the determined appropriate time/s.

4. We of course will most certainly give credit where credit is due and I understand that we are not to change the content of the tool but does this only refer to the required core elements?

Correct. The validation study was conducted on the 10 core elements of the fall risk assessment tool.

5. Diagnosis section.... Does it include psychiatric diagnoses?

Yes. Psychiatric diagnoses are considered medical diagnosis.

6. Is the MAHC-10 tool validated to be used for Long Term Care?

No. The OASIS-C Guidance manual states: “The multi-factor falls risk assessment must include at least one standardized tool that 1) has been scientifically tested in a population with characteristics similar to that of the patient being assessed (for example, community-dwelling elders, noninstitutionalized adults with disabilities, etc.).” The MAHC-10 tool was tested in community dwelling elders only.

7. Do we have an official acceptance from Medicare that we could use this validated tool as a risk for falls assessment on Oasis?

CMS does not “endorse” any tool and leaves it up to the agency to determine if they are using a standardized, multi-factorial, validated tool.

Related to OASIS item M-1910, the OASIS-C Guidance Manual specifically states: *“The multi-factor falls risk assessment must include at least one standardized tool that 1) has been scientifically tested in a population with characteristics similar to that of the patient being assessed and shown to be effective in identifying people at risk for falls; and 2) includes a standard response scale. The standardized tool must be both appropriate for the patient based on their cognitive and physical status and appropriately administered as indicated in the instructions.”* It further goes on to say: *“An agency may use a single comprehensive multi-factor fall risk assessment tool that meets the criteria as described in the item intent.”*

And, as has been CMS’ response in the past, *“it is the agency’s responsibility to determine if the tools they are considering for the OASIS-C M item best practice assessments meet the requirements as detailed in Chapter 3 of the OASIS-C Guidance Manual.”*

(Updated 10-12-12)