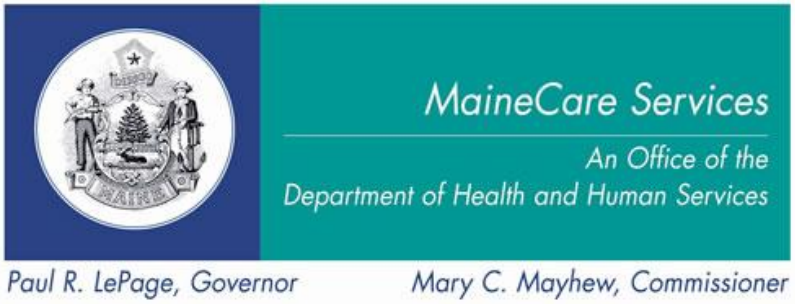


MDS-RCA Training

Case Mix Team
Office of MaineCare Services
April 2014

MDS-RCA Training: Agenda

- History of MDS-RCA
- Purpose:
- Definitions
- Schedule of Assessments
- Case Mix Index, RUGs
- Accuracy and Sanctions
- MDS-RCA Assessment Tool
- Correction Policy
- Quality Indicators

In 1994 a workgroup made up of providers, Muskie School and DHHS representatives was established to provide recommendations for development of:

- MDS-RCA form design and content
- Classification system
- Case Mix payment system
- Quality Indicators

1995 Time Study

Twenty five facilities, with a total of 626 residents, participated in this time study. This included the following residents:

- In small facilities
- With head injuries
- With Alzheimer's Disease
- With Mental illness

1999 Time Study

Thirty-two Facilities, with a total of 735 residents, participated in another time study. Facilities were selected according to:

- Overall population
- Presence of complex residents
- Presence of residents with mental health issues
- Presence of residents with Alzheimer's or other Dementia
- Presence of elderly population

1999 Time Study Results

- Residents were more dependent in ADL's
- There was an increase in residents with Alzheimer's and other Dementias.
- There was an increase in wandering and intimidating behaviors.
- There was an increase in the amount of time needed to care for these residents
- The Case Mix Grouper needed to be revised

Who, What, Where, Why and, When…

of Case Mix

So… Who completes the MDS-RCA?

…The MDS-RCA Coordinator

with help from:

- ✓ The resident
- ✓ Personal Support Specialists
- ✓ CRMA
- ✓ family
- ✓ clinical records
- ✓ Social Services
- ✓ dietary, activities and other staff

And… What is Case Mix?

Case Mix is a system of reimbursement that pays facilities according to the amount of time spent providing care to residents.

Residents are grouped according to the amount of time needed to provide their care

And… Where is the assessment done?

MDS-RCA assessment is completed in the facility

- All residents
- Regardless of payer source

The MDS-RCA cannot be completed if the resident is not in the facility. For example, if in the hospital or on a therapeutic leave

And… Why do we need to do MDS-RCA Assessments?

1. To provide information to guide staff in developing a realistic individualized Service Plan.
2. To place a resident into a payment group within the Case Mix System.
3. To provide information that determines the Quality Indicators.
4. To show an accurate picture of the resident's condition, the type and amount of care needed

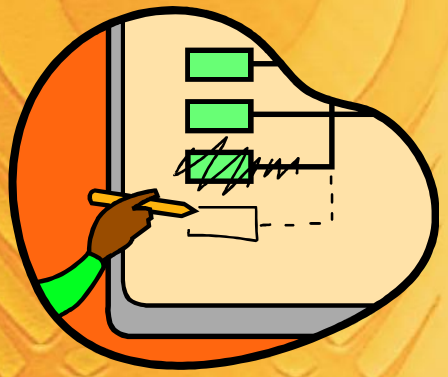
So… Why do we need to do MDS-RCA Assessments? (cont.)

5. Improve equity of payment to providers
6. Provide incentives to facilities for accepting residents with higher care needs
7. Strengthens the quality of care and quality of life for residents.

Schedule of Assessments:

Type of Assessment	When Performed	When does it need to be completed
Admission Assessment	initial admission	By the end of 30th day after admission as represented by S2b date; Admission date is counted as day one.
Semi-Annual Assessment	Within 180 days of the last MDS-RCA, sequenced from the S2b date of the previous assessment	Within 7 days of the assessment date entered in A5, as represented by S2b date
Annual Assessment	Within 12 months of the most recent MDS-RCA assessment	Within 7 days of Assessment date entered in A5 as represented by S2b date
Significant Change Assessment	Only if significant change has occurred	By 14th day after change has occurred as represented by S2b date
Other	When requested by Case Mix Nurse. This will "reset" the clock for all subsequent assessments	Within 7 calendar days of Case Mix nurse visit as represented by S2b date
Discharge Tracking Form	When a resident is discharged, transferred or deceased	Within 7 days of the event
Basic Assessment Tracking Form Identification Information	Provides key information to uniquely identify each resident and to track the resident in an automated system	Complete with all assessments and discharges within 7 days of the event

When to complete a Significant Change MDS-RCA assessment:



- Resident has experienced a “major change”
- Not self-limited
- Impacts more than one area of the resident’s clinical status
- Requires review and/or changes to the service plan
- Improvement or decline
- Completed by the end of the 14th day following the documented determination

Timeliness

MaineCare Benefits Manual, Chapter III, Section 97, §7060.1:

"The Department will sanction providers for failure to complete assessments completely, accurately and on a timely basis."

Accuracy

Each assessment must be conducted or coordinated by staff *trained in the completion of the MDS-RCA.*

Documentation is required to support the time periods and information coded on the MDS-RCA. (MBM, chapter III, Section 97, Appendix C, §7030.3)

Penalty for Falsification: The provider may be sanctioned whenever an individual willfully and knowingly certifies (*or causes another individual to certify*) a material and false statement in a resident assessment.

Case Mix Quality Assurance Review

About every 6 months, a Case Mix nurse reviews a number of MDS-RCA assessments and resident records to check the accuracy of the MDS-RCA assessments.

Insufficient, inaccurate or lack of documentation to support information coded on the MDS-RCA may lead to an error.

Poor Documentation could mean…

Lower payment than the facility could be receiving, OR

Overpayment which could lead to re-payment to the State (Sanctions). This is due to either overstating the care a resident received or insufficient documentation to support the care that was coded.

Sanctions:

2%	Error rate 34% or greater and less than 37%
5%	Error rate 37% or greater and less than 41%
7%	Error rate 41% or greater and less than 45%
10%	Error rate 45% or greater
10%	If requested reassessments not completed within 7 days

Case Mix Resident Classification Groups and Weights

There are a total of **15** case mix classification or RUG (Resource Utilization Groups) groups, including one default group used when a resident cannot be classified into one of the other 14 classification groups.

5 categories:

- Impaired Cognition
- Clinically Complex
- Behavioral Health
- Physical
- Default or Not Classified

The Department assigns each case mix classification group a specific case mix weight, as follows…

MAINECARE RCF RESOURCE GROUP WEIGHTS

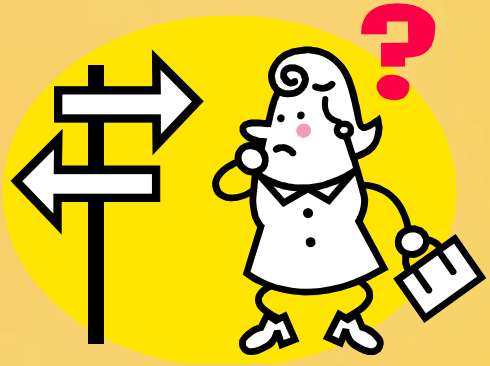
Resident Group	Order	Short description	MaineCare Weight
IC1	1	IMPAIRED 15-28	2.250
IB1	2	IMPAIRED 12-14	1.568
IA1	3	IMPAIRED 0-11	1.144
CD1	4	COMPLEX 12-28	1.944
CC1	5	COMPLEX 7-11	1.593
CB1	6	COMPLEX 2-6	1.205
CA1	7	COMPLEX 0-1	0.938
MC1	8	BEHAVIORAL HEALTH 16-28	1.916
MB1	9	BEHAVIORAL HEALTH 5-15	1.377
MA1	10	BEHAVIORAL HEALTH 0-4	0.980
PD1	11	PHYSICAL 11-28	1.418
PC1	12	PHYSICAL 8-10	1.019
PB1	13	PHYSICAL 4-7	1.004
PA1	14	PHYSICAL 0-3	0.731
BC1	15	NOT CLASSIFIED	0.731

The ADL index score is determined as follows:

ADL Function	Self-Performance	MDS-RCA Code	ADL Score
1. Bed Mobility (G1aa)	Independent	0	0
2. Transfer (G1ba)	Supervision	1	1
3. Locomotion (G1ca)	Limited Assistance	2	2
4. Dressing (G1da)	Extensive assistance	3	3
5. Eating (G1ea)	Total Dependence	4	4
6. Toilet Use (G1fa)	Activity did not occur	8	4
7. Personal Hygiene (G1ga)			

Impaired Cognition Groups

Impaired Cognition	B3=3: severely impaired daily decision-making	3	IA1	0-11	Impaired Cognition low ADL	1.144
		2	IB1	12-14	Impaired Cognition medium ADL	1.568
		1	IC1	15-28	Impaired Cognition high ADL	2.25



Clinically Complex Groups

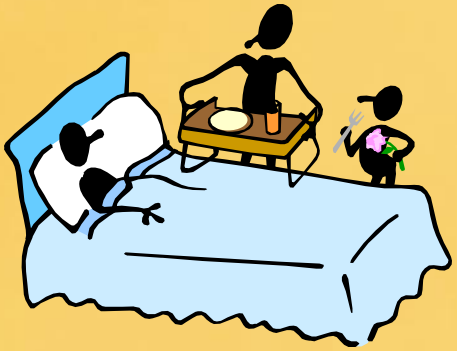
Clinically Complex	At least one of the following conditions: I1a=1: diabetics receiving daily injections I1r: aphasia I1s: cerebral palsy I1v: hemiparesis/hemiplegia I1w: MS I1z: quadriplegia I1ww: explicit terminal prognosis M1b: burns M2a,b,c or d (coded >0): ulcers due to pressure or decreased blood flow O4ag=7: diabetics receiving daily injections P1aa: radiation / chemotherapy P1ab: oxygen P1bda>5: respiratory therapy 5 or more days per week	9	CA1	0-1	Complex low ADL	0.938
	P3a=1, 2, or 3: monitoring for acute conditions	10	CB1	2-6	Complex medium ADL	1.205
	P3b=1, 2, or 3: monitoring for acute conditions	11	CC1	7-11	Complex high ADL	1.593
	P10>3 meaning 4 or more days with physician order changes	12	CD1	12-28	Complex very-high ADL	1.944

Behavioral Health Groups

Behavioral Health	E1a-E1r: two or more indicators of depression, anxiety or sad mood (coded as 1 or 2), OR	6	MA1	0-4	Behavior Health low ADL	0.98
	P2a-p2j: three or more items checked. Three or more interventions or programs for mood, behavior, or cognitive loss, OR					
	J1e: delusions, OR					
	J1f: hallucinations	7	MB1	5-15	Behavior Health medium ADL	1.377
		8	MC1	16-28	Behavior Health high ADL	1.916

Physical and Default groups

Not Classified	MDS-RCA RUG items contain invalid or missing data	1	BC1	n/a	Default	0.731
Physical	No additional items, assistance with ADL only	2	PA1	0-3	Physical low ADL	0.731
		3	PB1	4-7	Physical medium ADL	1.004
		4	PC1	8-10	Physical high ADL	1.019
		5	PD1	11-28	Physical very-high ADL	1.418



Documentation errors vs. Payment errors

- A Payment error counts towards the final "error rate" presented at the time of the exit interview.
- A Documentation or clinical error does not count towards the final error rate.
- Both types of errors must be corrected

MDS-RCA Assessment Tool

Section by Section

Section AA: Identification Information.

1.	RESIDENT NAME	a. (First) b. (Middle Initial) c. (Last) d. (Jr/Sr)
2.	GENDER	☐ 1. Male ☐ 2. Female
3.	BIRTHDATE	Month — Day — Year
4.	RACE/ ETHNICITY (Check only one.)	☐ 1. American Indian/Alaskan Native ☐ 2. Asian/Pacific Islander ☐ 3. Black, not of Hispanic origin ☐ 4. Hispanic ☐ 5. White, not of Hispanic origin ☐ 6. Other
5.	SOCIAL SECURITY and MEDICARE NUMBERS (C in 1st box if no med. no.)	a. Social Security Number b. Medicare number (or comparable railroad insurance number)
6.	FACILITY NAME AND PROVIDER NO.	a. Facility Name b. Provider No.
7.	MAINECARE NO.	[Record a "+" if pending, "N" if not a MaineCare recipient]
8. SIGNATURE(S) OF PERSON(S) COMPLETING TRACKING FORM:		
a. Signatures		Title Sections Date
b.		Date
c.	DATE COMPLETED	Record date tracking form was completed. Month — Day — Year

Face Sheet: Background Information

Completed at the time of the resident's initial admission to the facility.

Section AB: Demographic Information

Section AC: Customary Routine

Section AD: Face Sheet Signatures and dates

Section A: Identification and Background information

1.	RESIDENT NAME	a. (First) b. (Middle Initial) c. (Last) d. (Jr/Sr)
2.	SOCIAL SECURITY and MEDICARE NUMBERS *(C in 1st box if no med. no.)*	a. Social Security Number ☐☐☐ — ☐☐ — ☐☐☐☐ b. Medicare number (or comparable railroad insurance number) ☐☐☐☐☐☐☐☐☐ — ☐☐
3.	FACILITY NAME AND PROVIDER NO.	a. Facility Name _____ b. Provider No. ☐☐☐☐☐☐☐☐☐
4.	MAINECARE NO.	*(Record a "+" if pending, "N" if not a MaineCare recipient)* ☐☐☐☐☐☐☐☐☐
5.	ASSESSMENT DATE	*Last day of observation period* ☐☐ — ☐☐ — ☐☐☐☐ Month Day Year
6.	REASON FOR ASSESSMENT	*(Check primary reason for assessment)* ☐ 1. Admission assessment ☐ 4. Semi-Annual ☐ 2. Annual assessment ☐ 5. Other *(specify)* ☐ 3. Significant change in status assessment _____

Section B: Cognitive Patterns

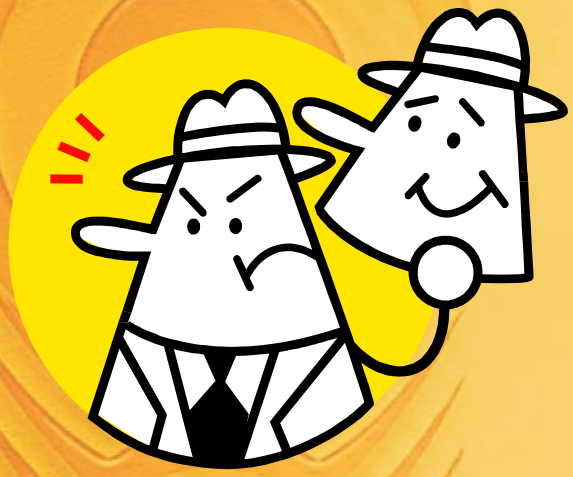
1.	MEMORY	*(Recall of what was learned or known)* a. Short-term memory OK—seems/appears to recall after 5 minutes ☐ 0. Memory OK ☐ 1. Memory problem b. Long-term memory OK—seems/appears to recall long past ☐ 0. Memory OK ☐ 1. Memory problem
2.	MEMORY/ RECALL ABILITY	*(Check all that resident was normally able to recall during **last 7 days**)* ☐ a. Current season ☐ d. That he/she is in a facility/home ☐ b. Location of own room ☐ e. NONE OF ABOVE are recalled ☐ c. Staff names/faces
3.	COGNITIVE SKILLS FOR DAILY DECISION-MAKING *(Check only one.)*	*(Made decisions regarding tasks of daily life)* ☐ 0. *INDEPENDENT*—decisions consistent/reasonable ☐ 1. *MODIFIED INDEPENDENCE*—some difficulty in new situations only ☐ 2. *MODERATELY IMPAIRED*—decisions poor; cues/ supervision required ☐ 3. *SEVERELY IMPAIRED*—never/rarely made decisions
4.	COGNITIVE STATUS *(Check only one.)*	Resident's cognitive status or abilities now compared to resident's status 180 days ago (or since admission if less than 180 days). ☐ 0. No change ☐ 1. Improved ☐ 2. Declined

SECTION C. COMMUNICATION/HEARING PATTERNS

1.	**HEARING** *(Check only one.)*	*(With hearing appliance, if used)* ☐ 0. *HEARS ADEQUATELY*—normal talk, TV, phone ☐ 1. *MINIMAL DIFFICULTY* when not in quiet setting ☐ 2. *HEARS IN SPECIAL SITUATIONS ONLY*—speaker has to adjust tonal quality and speak distinctly ☐ 3. *HIGHLY IMPAIRED* –absence of useful hearing
2.	**COMMUNICATION DEVICES/ TECHNIQUES**	*(Check all that apply during last 7 days.)* ☐ a. Hearing aid, present and used ☐ b. Hearing aid, present and not used regularly ☐ c. Other receptive communication techniques used (e.g., lip reading) ☐ d. *NONE OF ABOVE*
3.	**MAKING SELF UNDERSTOOD** *(Check only one.)*	*(Expressing information content—however able)* ☐ 0. *UNDERSTOOD* ☐ 1. *USUALLY UNDERSTOOD*—difficulty finding words or finishing thoughts ☐ 2. *SOMETIMES UNDERSTOOD*—ability is limited to making concrete requests ☐ 3. *RARELY/NEVER UNDERSTOOD*
4.	**ABILITY TO UNDERSTAND OTHERS** *(Check only one.)*	*(Understanding information content—however able)* ☐ 0. *UNDERSTANDS* ☐ 1. *USUALLY UNDERSTANDS*—may miss some part / intent of message ☐ 2. *SOMETIMES UNDERSTANDS*—responds adequately to simple, direct communication ☐ 3. *RARELY/NEVER UNDERSTANDS*

SECTION D. VISION PATTERNS

1.	VISION *(Check only one.)*	*(Ability to see in adequate light and with glasses if used)* ☐ 0. *ADEQUATE*—sees fine detail, including regular print in newspapers/books ☐ 1. *IMPAIRED*—sees large print, but not regular print in newspapers/books ☐ 2. *MODERATELY IMPAIRED*—limited vision; not able to see newspaper headlines, but can identify objects ☐ 3. *HIGHLY IMPAIRED*—object identification in question, but eyes appear to follow objects ☐ 4. *SEVERELY IMPAIRED*—no vision or sees only light, colors, or shapes; eyes do not appear to follow objects
2.	VISUAL APPLIANCES	a. Glasses, contact lenses ☐ 0. No ☐ 1. Yes b. Artificial eye ☐ 0. No ☐ 1. Yes

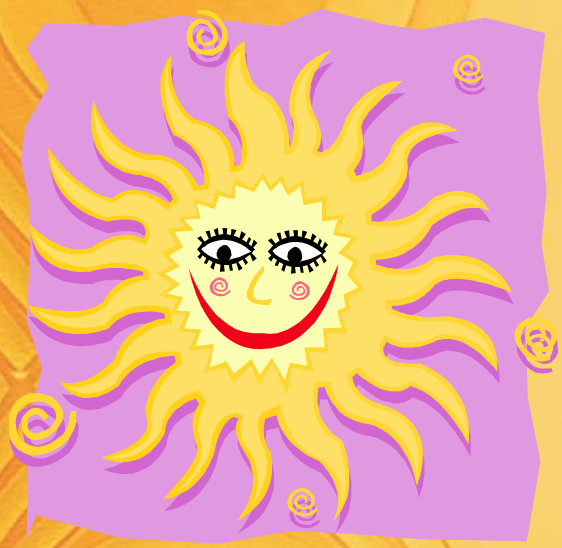


SECTION E. MOOD and BEHAVIOR PATTERNS

1.	INDICATORS OF DEPRESSION, ANXIETY, SAD MOOD	*(CODE: Record the appropriate code for the frequency of the symptom(s) observed* **in last 30 days,** *irrespective of the assumed cause)* 0. Not exhibited in last 30 days 1. This type of behavior exhibited up to 5 days a week (a minimum of 4 times per month). 2. This type of behavior exhibited daily or almost daily (6, 7 days/week)
		VERBAL EXPRESSIONS OF DISTRESS ___ a. Resident made negative statements—e.g., "Nothing matters; Would rather be dead; What's the use; Regrets having lived so long; Let me die." ___ b. Repetitive questions—e.g., "Where do I go; What do I do?" ___ c. Repetitive verbalizations—e.g., calling out for help, ("God help me") ___ d. Persistent anger with self or others—e.g., easily annoyed, anger at placement in facility; anger at care received ___ e. Self deprecation—e.g.,"I am nothing; I am of no use to anyone" ___ f. Expressions of what appear to be unrealistic fears—e.g., fear of being abandoned, left alone, being with others ___ g. Recurrent statements that something terrible is about to happen —e.g., believes he or she is about to die, have a heart attack ___ h. Repetitive health complaints—e.g., persistently seeks medical attention, obsessive concern with body functions ___ i. Repetitive anxious complaints/concerns (non-health related) e.g., persistently seeks attention/reassurance regarding schedules, meals, laundry, clothing, relationship issues *(continued next page)*

Section E: Mood and Behavior Patterns (cont)

1.	INDICATORS OF DEPRESSION, ANXIETY, SAD MOOD	*(CODE: Record the appropriate code for the frequency of the symptom(s) observed in last 30 days, irrespective of the assumed cause)* 0. Not exhibited in last 30 days 1. This type of behavior exhibited up to 5 days a week (a minimum of 4 times per month). 2. This type of behavior exhibited daily or almost daily (6, 7 days/week)
		SLEEP-CYCLE ISSUES ____ j. Unpleasant mood in morning ____ k. Insomnia/change in usual sleep pattern **SAD, APATHETIC, ANXIOUS APPEARANCE** ____ l. Sad, pained, worried facial expressions—e.g., furrowed brows ____ m. Crying, tearfulness ____ n. Repetitive physical movements—e.g., pacing, hand wringing, restlessness, fidgeting, picking **LOSS OF INTEREST** ____ o. Withdrawal from activities of interest—e.g., no interest in long-standing activities or being with family/friends ____ p. Reduced social interaction **INDICATORS OF MANIA** ____ q. Inflated self-worth, exaggerated self-opinion; inflated belief about one's own ability, etc. ____ r. Excited behavior, motor excitation (e.g., heightened physical activity; excited, loud or pressured speech; increased reactivity)



SECTION F. PSYCHOSOCIAL WELL-BEING

1.	SENSE OF INITIATIVE/ INVOLVEMENT *(Check all that apply.)*	☐ a. At ease interacting with others ☐ b. At ease doing planned or structured activities ☐ c. At ease doing self-initiated activities ☐ d. Establishes own goals ☐ e. Pursues involvement in life of facility (e.g., makes/keeps friends; involved in group activities; responds positively to new activities; assists at religious services) ☐ f. Accepts invitations into most group activities ☐ g. *NONE OF ABOVE*
2.	UNSETTLED RELATION-SHIPS *(Check all that apply.)*	☐ a. Covert/open conflict with or repeated criticism of staff ☐ b. Unhappy with roommate ☐ c. Unhappy with residents other than roommate ☐ d. Openly expresses conflict/anger with family/friends ☐ e. Absence of personal contact with family/friends ☐ f. Recent loss of close family member/friend ☐ g. Does not adjust easily to change in routines ☐ h. *NONE OF ABOVE*
3.	LIFE-EVENTS HISTORY *(Check all that apply.)*	Events in past 2 years ☐ a. Serious accident or physical illness ☐ b. Health concerns for other person ☐ c. Death of family member or close friend ☐ d. Trouble with the law ☐ e. Robbed/physically attacked ☐ f. Conflict laden or severed relationship ☐ g. Loss of income leading to change in lifestyle ☐ h. Sexual assault/abuse ☐ i. Child custody issues ☐ j. Change in marital/partner status ☐ k. Review hearings (e.g., forensic, certification, capacity hearing) ☐ l. *NONE OF ABOVE*

ADL SELF-PERFORMANCE

Measures what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days.

SECTION G. PHYSICAL FUNCTIONING

1. (A) ADL SELF-PERFORMANCE

0. INDEPENDENT—No help or oversight —OR— Help/oversight provided only 1 or 2 times during last 7 days

1. SUPERVISION—Oversight, encouragement or cueing provided 3 or more times during last 7 days —OR— Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days

2. LIMITED ASSISTANCE—Resident highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3 or more times —OR— Limited assistance (3 or more times), plus weight-bearing support provided only 1 or 2 times.

3. EXTENSIVE ASSISTANCE—While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times:

— Weight-bearing support

— Full staff performance during part (but not all) of last 7 days

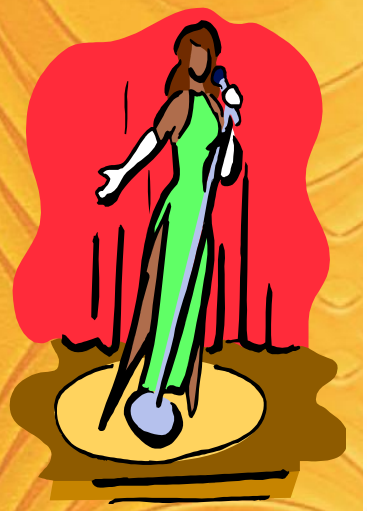
4. TOTAL DEPENDENCE—Full staff performance of activity during last 7 days

8. ACTIVITY DID NOT OCCUR DURING LAST 7 DAYS

(B) **ADL SUPPORT CODES** *(CODE for MOST SUPPORT PROVIDED OVER EACH 24 HOUR PERIOD)* **during last 7 days; code regardless of person's self-performance classification.**

0. No setup or physical help from staff
1. Setup help only
2. One-person physical assist
3. Two+ persons physical assist
8. Activity did not occur during entire 7 days

		A SELF-PERFORMANCE	B SUPPORT
a.	**BED MOBILITY**– How resident moves to and from lying position, turns side to side, and positions body while in bed		
b.	**TRANSFER** – How resident moves between surfaces—to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet)		
c.	**LOCOMOTION** – How resident moves to and returns from other locations (e.g., areas set aside for dining, activities, or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair		
d.	**DRESSING** – How resident puts on, fastens, and takes off all items of **street clothing**, including donning/removing prosthesis		
e.	**EATING** – How resident eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)		
f.	**TOILET USE** – How resident uses the toilet room (or commode, bed- pan, urinal); transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes		
g.	**PERSONAL HYGIENE** – How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum (EXCLUDE baths and showers)		



(A) ADL SELF-PERFORMANCE

0. ***INDEPENDENT***—No help or oversight —OR— Help/oversight provided only 1 or 2 times during last 7 days
1. ***SUPERVISION***—Oversight, encouragement or cueing provided 3 or more times during last 7 days —OR— Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days
2. ***LIMITED ASSISTANCE***—Resident highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3 or more times —OR— Limited assistance (3 or more times), plus weight-bearing support provided only 1 or 2 times.
3. ***EXTENSIVE ASSISTANCE***—While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times:
   — Weight-bearing support
   — Full staff performance during part (but not all) of last 7 days
4. ***TOTAL DEPENDENCE***—Full staff performance of activity during last 7 days
8. ***ACTIVITY DID NOT OCCUR DURING LAST 7 DAYS***

(B) **ADL SUPPORT CODES** *(CODE for MOST SUPPORT PROVIDED OVER EACH 24 HOUR PERIOD)* **during last 7 days; code regardless of person's self-performance classification.**

0. No setup or physical help from staff
1. Setup help only
2. One-person physical assist
3. Two+ persons physical assist
8. Activity did not occur during entire 7 days

A	B
SELF-PERFORMANCE	SUPPORT

SECTION H. CONTINENCE IN LAST 14 DAYS

1. CONTINENCE SELF-CONTROL CATEGORIES
(Code for resident's PERFORMANCE OVER ALL SHIFTS)

0. *CONTINENT*—Complete control (includes use of indwelling urinary catheter or ostomy device that does not leak urine or stool)
1. *USUALLY CONTINENT*—BLADDER, Incontinent episodes once a week or less; BOWEL, less than weekly
2. *OCCASIONALLY INCONTINENT*—BLADDER, 2 or more times a week but not daily; BOWEL, once a week
3. *FREQUENTLY INCONTINENT*—BLADDER, tended to be incontinent daily, but some control present (e.g. on day shift); BOWEL, 2-3 times a week
4. *INCONTINENT*—Had inadequate control BLADDER, multiple daily episodes; BOWEL, all (or almost all) of the time

a.	BOWEL CONTINENCE	Control of bowel movement, with appliance or bowel continence programs, if employed			
b.	BLADDER CONTINENCE	Control of urinary bladder function with appliances (e.g. foley) or continence programs, if employed			
2.	BOWEL ELIMINATION PATTERN	Bowel elimination pattern regular—at least one movement every three days	a.	Diarrhea	c.
				Fecal Impaction	d.
				Resident is independent	e.
		Constipation	b.	*NONE OF ABOVE*	f.
3.	APPLIANCES and PROGRAMS	Any scheduled toileting plan	a.	Did not use toilet room/ commode/urinal	f.
		Bladder retraining program	b.	Pads/briefs used	g.
		External (condom) catheter	c.	Enemas/irrigation	h.
		Indwelling catheter	d.	Ostomy present	i.
		Intermittent catheter	e.	*NONE OF ABOVE*	j.

Note: this section has a **14-day** look back period.

POP QUIZ !

0 - Continent – Complete control

1 - Usually Continent – Bladder, incontinent episodes occur once a week or less. Bowel incontinent episodes occur less than once a week.

2 - Occasionally Incontinent – Bladder incontinent episode occur two or more times a week but not daily. Bowel incontinent episodes occur once a week.

3 - Frequently Incontinent – Bladder, tended to be incontinent daily, but some control present (e.g., on day shift) Bowel, 2-3 times a week.

4 - Incontinent – Bladder incontinent episodes occur multiple times daily. Bowel incontinence is all (or almost all) of the time.

A. Mr. Q was taken to the toilet after every meal, before bed, and once during the night. He was never found wet.

B. Mr. R had an indwelling catheter in place during the entire 14-day assessment period. He was never found wet.

C. Although she is generally continent of urine, every once in a while (about once in two weeks) Mrs. T doesn't make it to the bathroom in time after receiving her daily diuretic pill

D. Late in the day when she is tired, Mrs. A sometimes (but not all days) has more episodes of urinary incontinence.

Section I: Diagnosis

All diseases and conditions must have physician documented diagnosis in the clinical record.

Do not include conditions that have been resolved or no longer affect the resident's functioning or service plan.

These diagnoses contribute to the Clinically Complex RUG groups

- Diabetes <u>with</u> daily insulin injections
- Aphasia
- Cerebral palsy
- Hemiparesis/hemiplegia
- Multiple sclerosis (MS)
- Quadriplegia
- Explicit terminal prognosis (6 months or less)

Section J covers Health Conditions and Possible Medication Side Effects…

A lot of territory!

- J1. Problem conditions
- J2. Extrapyramidal signs and symptoms
- J3 and 4. Pain Symptoms and location
- J5 and 6. Pain interference and management
- J7. Accidents
- J8. Fall risk

Section J. Health Conditions and Possible Medication Side Effects

SECTION J. HEALTH CONDITIONS AND POSSIBLE MEDICATION SIDE EFFECTS

1.	PROBLEM CONDITIONS	*(Check all problems present in last 7 days unless other time frame is indicated)*	
		☐ a. Inability to lie flat due to shortness of breath	☐ i. Headache
		☐ b. Shortness of breath	☐ j. Numbness/tingling
		☐ c. Edema	☐ k. Blurred vision
		☐ d. Dizziness/vertigo	☐ l. Dry mouth
		☐ e. Delusions	☐ m. Excessive salivation or drooling
		☐ f. Hallucinations	☐ n. Change in normal appetite
		☐ g. Hostility	☐ o. Other *(specify)* _____
		☐ h. Suspiciousness	☐ p. *NONE OF ABOVE*

Delusions and Hallucinations are both Items that can contribute to the Behavioral Health RUG groups. **Descriptive documentation required**

Section K: Oral and Nutritional Status

SECTION K. ORAL/NUTRITIONAL STATUS

1.	ORAL PROBLEMS *(Check all that apply.)*	☐ a. Mouth is "dry" when eating a meal ☐ b. Chewing Problem ☐ c. Swallowing Problem ☐ d. Mouth Pain ☐ e. *NONE OF ABOVE*
2.	HEIGHT AND WEIGHT	*Record **(a.) height in inches** and **(b.) weight in pounds**. Base weight on most recent measure in **last 30 days**; measure weight consistently in accord with standard facility practice–e.g., in a.m. after voiding, before meal, with shoes off, and in nightclothes.* a. HT (in.) ☐☐ b. WT (lb.) ☐☐☐
3.	WEIGHT CHANGE	**a. Unintended weight loss–5% or more in last 30 days; or 10% or more in last 180 days** ☐ 0. No ☐ 1. Yes **b. Unintended weight gain–5% or more in last 30 days; or 10% or more in last 180 days** ☐ 0. No ☐ 1. Yes
4.	NUTRITIONAL PROBLEMS OR APPROACHES *(Check all that apply.)*	☐ a. Complains about the taste of many foods ☐ b. Regular or repetitive complaints of hunger ☐ c. Leaves 25% of food uneaten at most meals ☐ d. Therapeutic diet ☐ e. Mechanically altered (or pureed) diet ☐ f. Noncompliance with diet ☐ g. Eating disorders ☐ h. Food allergies *(specify)* _____ ☐ i. Restrictions *(specify)* _____ ☐ j. *NONE OF ABOVE*

Section L: Oral / Dental Status

SECTION L. ORAL/DENTAL STATUS

1.	ORAL STATUS AND DISEASE PREVENTION *(Check all that apply.)*	☐ a. Has dentures or removable bridge ☐ b. Some/all natural teeth lost–does not have or does not use dentures (or partial plates) ☐ c. Broken, loose or carious teeth ☐ d. Inflamed gums (gingiva); swollen or bleeding gums; oral abscesses; ulcers or rashes ☐ e. Daily cleaning of teeth/dentures or daily mouth care–by resident or staff ☐ f. Resident has difficulty brushing teeth or dentures ☐ g. *NONE OF ABOVE*

Section M: Skin Condition

If **M1b** is checked, it will contribute to a clinically complex RUG group

SECTION M. SKIN CONDITION

1.	SKIN PROBLEMS *(Check all that apply.)*	Any troubling skin conditions or changes in the **last 7 days?** ☐ **a.** Abrasions (scrapes) or cuts ☐ **b.** Burns (2nd or 3rd degree) ☐ **c.** Bruises ☐ **d.** Rashes, itchiness, body lice ☐ **e.** Open sores or lesions ☐ **f.** Other *(specify)* _____ ☐ **g.** *NONE OF ABOVE*	
2.	ULCERS *(Due to any cause.)*	(Record the number of ulcers at each ulcer stage–regardless of cause. If none present at a stage, record "0" (zero). Code all that apply during **last 7 days**. Code 9=9 or more.) Requires full body exam. **a.** Stage 1. A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved. **b.** Stage 2. A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater. **c.** Stage 3. A full thickness of skin is lost, exposing the subcutaneous tissues–presents as a deep crater with or without undermining adjacent tissue. **d.** Stage 4. A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone.	**Number at Stage**

Section M: Skin Condition

If **M2a, b, c, or d** is coded greater than 0, this item will contribute to a clinically complex RUG group

SECTION M. SKIN CONDITION

1.	SKIN PROBLEMS *(Check all that apply.)*	Any troubling skin conditions or changes in the **last 7 days?** ☐ a. Abrasions (scrapes) or cuts ☐ b. Burns (2nd or 3rd degree) ☐ c. Bruises ☐ d. Rashes, itchiness, body lice ☐ e. Open sores or lesions ☐ f. Other *(specify)* _____ ☐ g. *NONE OF ABOVE*	
2.	ULCERS *(Due to any cause.)*	(Record the number of ulcers at each ulcer stage–regardless of cause. If none present at a stage, record "0" (zero). Code all that apply during **last 7 days**. Code 9=9 or more.) Requires full body exam. **a.** Stage 1. A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved. **b.** Stage 2. A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater. **c.** Stage 3. A full thickness of skin is lost, exposing the subcutaneous tissues–presents as a deep crater with or without undermining adjacent tissue. **d.** Stage 4. A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone.	**Number at Stage**
3.	FOOT PROBLEMS	**a.** Resident or someone else inspects resident's feet on a regular basis? ☐ 0. No ☐ 1. Yes **b.** One or more foot problems or infections such as corns, callusses, bunions, hammer toes, overlapping toes, pain, structural problems, gangrene toe, foot fungus, enlarged toe in last 7 days? ☐ 0. No ☐ 1. Yes	

Section N: Activity Pursuit Patterns

SECTION N. ACTIVITY PURSUIT PATTERNS

1.	TIME AWAKE	*(Check appropriate time periods over last 7 days)* Resident awake all or most of time (i.e., naps no more than one hour per time period) in the: ☐ a. Morning ☐ b. Afternoon ☐ c. Evening ☐ d. Night (Bedtime to A.M.) ☐ e. *NONE OF ABOVE*
2.	AVERAGE TIME INVOLVED IN ACTIVITIES *(Check only one.)*	*(When awake and not receiving treatments or ADL care)* ☐ 1. Most–more than 2/3 of time ☐ 2. Some–from 1/3 to 2/3 of time ☐ 3. Little–less than 1/3 of time ☐ 4. None
3.	PREFERRED ACTIVITY SETTINGS	*(Check all settings in which activities are preferred)* ☐ a. Own room ☐ b. Day/activity room ☐ c. Outside facility (e.g., in yard) ☐ d. Away from facility ☐ e. *NONE OF ABOVE*
4.	GENERAL ACTIVITY PREFER-ENCES	*(Check all PREFERENCES whether or not activity is currently available to resident)* ☐ a. Cards/other games ☐ b. Crafts/arts ☐ c. Exercise/sports ☐ k. Gardening or plants ☐ l. Talking or conversing ☐ m. Helping others

Section O: Medications

This item can contribute to the clinically complex RUG group, *in combination with a diagnosis of Diabetes*

SECTION O. MEDICATIONS (cont.)

4A.	DAYS RECEIVED THE FOLLOWING MEDICATION	(Record the number of DAYS during the last 7 days; enter "0" if not used. Note–enter "1" for long-acting meds used less than weekly) _____ a. Antipsychotic _____ b. Antianxiety _____ c. Antidepressant _____ d. Hypnotic _____ e. Diuretic _____ f. Aricept _____ g. Insulin
4B.	PRN MEDICATIONS	Does resident have a prescription for any PRN medication for a mental, emotional or nervous condition, or behavioral problem? ☐ 0. No ☐ 1. Yes
5.	SELF-ADMINSTERED MEDICATIONS *(Check all that apply.)*	Did resident **self-administer** any of the following in the last 7 days: ☐ a. Insulin ☐ b. Oxygen ☐ c. Nebulizers ☐ d. Nitropatch ☐ e. Glucosan ☐ f. Over-the-counter Meds ☐ g. Other (specify) _____ ☐ h. *NONE OF ABOVE*
6.	MEDICATION PREPARATION ADMINISTRA-TION	Did resident prepare and administer his/her own medications in last 7 days? *(Check only one.)* ☐ 0. No Meds ☐ 1. Resident prepared and administrated NONE of his/her own medications. ☐ 2. Resident prepared and administrated SOME of his/her own medications. ☐ 3. Resident prepared and administrated ALL of his/her own medications.

Section P: Special Treatments and Procedures

These items will contribute to the clinically complex RUG group

SECTION P. SPECIAL TREATMENTS and PROCEDURES

1. SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS

a. SPECIAL CARE–*Check treatments or programs received during the last 14 days* [Note–count only post admission treatments]

TREATMENTS

- ☐ a. Chemotherapy or radiation
- ☐ b. Oxygen therapy
- ☐ c. Dialysis

PROGRAMS

- ☐ d. Alcohol/drug treatment program
- ☐ e. Alzheimer's/dementia special care unit
- ☐ f. Hospice care
- ☐ g. Home health
- ☐ h. Home care
- ☐ i. Training in skills required to return to the community (e.g., taking medications, house work, shopping, transportation, ADLs)
- ☐ j. Case management
- ☐ k. Day treatment program
- ☐ l. Sheltered workshop/employment
- ☐ m. Job training
- ☐ n. Transportation
- ☐ o. Psychological rehabilitation
- ☐ p. Formal education
- ☐ q. *NONE OF ABOVE*

b. THERAPIES–*Record the number of days each of the following therapies was administered (for at least 15 minutes a day) in the* ***last 7 calendar days*** *(Enter 0 if none or less than 15 min. a day)*

(Note-count only post admission therapies)
(A) = # of days administered for 15 minutes or more
Check B if therapy was received at home or in facility
Check C if therapy was received out-of-home or facility

	Days (A)	ON SITE (B)	OFF SITE (C)
a. Speech-language pathology and auditory services			
b. Occupational therapy			
c. Physical therapy			
d. Respiratory therapy			
e. Psychological therapy (by any licensed mental health professional)			

Section P: Special Treatments and Procedures (cont.)

2.	INTER-VENTION PROGRAMS FOR MOOD, BEHAVIOR, COGNITIVE LOSS	*(Check all interventions or strategies used in the last 7 days unless other time specified–no matter where received)*

- ☐ **a.** Special behavior symptom evaluation program
- ☐ **b.** Special behavior management program
- ☐ **c.** Evaluation by a licensed mental health specialist in last 90 days
- ☐ **d.** Group therapy
- ☐ **e.** Resident-specific deliberate changes in the environment to address mood/behavior patterns–e.g., providing bureau in which to rummage
- ☐ **f.** Reorientation–e.g., cueing
- ☐ **g.** Validation/Redirection
- ☐ **h.** Crisis intervention in facility
- ☐ **i.** Crisis stabilization unit in last 90 days
- ☐ **j.** Other *(specify)* _____
- ☐ **k.** *NONE OF ABOVE*

These items will contribute to a Behavioral Health RUG group if *three (3) or more* items in P2A – P2J are checked

Section P: Special Treatments and Procedures (cont)

3.	NEED FOR ON-GOING MONITORING	*(Code for person responsible for monitoring)* 0. No monitoring required 1. RCF nurse 2. RCF Other Staff 3. Home health nurse
		___ a. Acute physical or psychiatric condition - not chronic ___ b. New treatment/medication

These items will contribute to a Clinically Complex RUG group

Section P: Special Treatments and Procedures (cont)

P4. Rehab / Restorative care

P5. Skill Training

P6. Adherence With Treatments/Therapies Programs

P7. General Hospital Stays

P8. Emergency Room (ER) Visit(s)

P9. Physician Visits

Section P: Special Treatments and Procedures (cont)

10.	PHYSICIAN ORDERS	In the **last 14 days** (or since admission if less than 14 days in facility) how many days has the physician (or authorized assistant or practitioner) changed the resident's orders? Do not include order renewals without change. (Enter "0" if none)	

Note: Code the number of **days** the physician changed the resident's orders, not including order renewals without Change or clarification of orders.

This item will contribute to the Clinically Complex RUG group if coded as **4 or more**

Section P: Special Treatments and Procedures (cont)

P11. Abnormal Lab Values

P12. Psychiatric Hospital Stay(s)

P13. Outpatient Surgery

Section Q: Service Planning

SECTION Q. SERVICE PLANNING

1.	**RESIDENT GOALS** *(Check all areas in which resident has self-identified goals)*	☐ a. Health promotion/wellness/exercise ☐ b. Social involvement/making friends ☐ c. Activities/hobbies/adult learning ☐ d. Rehabilitation–skilled ☐ e. Maintaining physical or cognitive function ☐ f. Participation in the community ☐ g. Other *(specify)* _____ ☐ h. No goals
2.	**CONFLICT**	a. Any disagreement between resident and family about goals or service plan? ☐ 0. No ☐ 1. Yes b. Any disagreement between resident/family and staff about goals or service plan? ☐ 0. No ☐ 1. Yes

Note: this item refers to
Resident self-identified goals

Section R: Discharge Potential

SECTION R. DISCHARGE POTENTIAL

1.	DISCHARGE POTENTIAL	a. Does resident or family indicate a preference to return to community? ☐ 0. No ☐ 1. Yes b. Does resident have a support person who is positive towards discharge? ☐ 0. No ☐ 1. Yes c. Has resident's self-sufficiency changed compared to 6 months or since admission, if less than 6 months? ☐ 0. No change ☐ 1. Improved ☐ 2. Declined

Section S: Assessment Information and Signatures

SECTION S. ASSESSMENT INFORMATION

1.	PARTICIPATION IN ASSESSMENT	a. Resident:	☐ 0. No	☐ 1. Yes	
		b. Family:	☐ 0. No	☐ 1. Yes	☐ 2. No Family
		c. Other Non-Staff:	☐ 0. No	☐ 1. Yes	☐ 2. None

2. **SIGNATURES OF PERSONS COMPLETING THE ASSESSMENT:**

a. Signature of Assessment Coordinator (sign on line above)

b. Date Assessment Coordinator signed as complete ☐☐ – ☐☐ – ☐☐☐☐ (Month – Day – Year)

c. Other Signatures	Title	Sections	Date
d.			Date
e.			Date

3.	CASE MIX GROUP	☐☐☐☐☐

Section T: Preventive Health

SECTION T. PREVENTIVE HEALTH/HEALTH BEHAVIORS

1.	PREVENTIVE HEALTH	*(Check all the procedures the resident received during the past 12 months)* ☐ a. Blood pressure monitoring ☐ b. Hearing assessment ☐ c. Vision test ☐ d. Dental visit ☐ e. Influenza vaccine ☐ f. Pneumococcal vaccine (ANY time) ☐ g. Breast exam or mammogram ☐ h. Pap smear ☐ i. PSA or rectal exam ☐ j. Other *(specify)* _____

Note: **12 month look back period** for preventive health measures.

Section U: Medications list

SECTION U. MEDICATIONS LIST

List all medications given during the last 7 days. Include medications used regularly less than weekly as part of the resident's treatment regimen.

1. List the medication name and the dosage
2. RA (Route of Administration). Use the appropriate code from the following list:

1 = by mouth (PO)	3 = intramuscular (IM)	5 = subcutaneous (SubQ)	7 = topical	9 = enteral tube
2 = sublingual (SL)	4 = intravenous (IV)	6 = rectally	8 = inhalation	10 = other

3. FREQ (Frequency): Use the appropriate frequency code to show the number of times per day that the medication was given.

PR = (PRN) as necessary	8H = (q8h) every eight hours	5D = five times a day	5W = five times every week
1H = (qh) every hour	1D = (qd or hs) once daily	1W = (QWeek) once every week	6W = six times every week
2H = (q2h) every two hours	2D = (BID) two times daily (includes every 12 hours)	2W = twice every week	1M = (QMonth) once every month
3H = (q3h) every three hours	3D = (TID) three times daily	3W = three times every week	2M = twice every month
4H = (q4h) every four hours	4D = (QID) four times daily	QO = every other day	C = continuous
6H = (q6h) every six hours		4W = four times every week	O = other

4. PRN-n (prn — number of doses): If the frequency code is "PR", record the number of times during the past 7 days that each PRN medication was given. Do not use this column for scheduled medications.

5. DRUG CODE: Enter the National Drug Code (NDC). The last two digits of the 11-digit NDC define package size and have been omitted from the codes listed in the manual Appendix E. If using this Appendix, the NDC should be entered left-justified (the first digit of the code should be entered in the space farthest to the left of the NDC code column). This should result in the last two spaces being left blank.

1. Medication Name and Dosage	2. RA	3. Freq	4. PRN-n	5. NDC Codes
EXAMPLE: Coumadin 2.5 mg	1	1W		
Digoxin 0.125 mg	1	1D		
Humulin R 25 Units	5	1D		
Robitussin 15cc	1	PR	2	

DISCHARGE FORM

SECTION D1. IDENTIFICATION INFORMATION

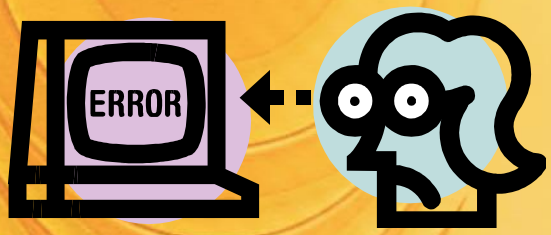
1.	RESIDENT NAME	a. (First) b. (Middle Initial) c. (Last) d. (Jr/Sr)
2.	GENDER	☐ 1. Male ☐ 2. Female
3.	BIRTHDATE	Month – Day – Year
4.	RACE/ ETHNICITY (Check only one.)	☐ 1. American Indian/Alaskan Native ☐ 2. Asian/Pacific Islander ☐ 3. Black, not of Hispanic origin ☐ 4. Hispanic ☐ 5. White, not of Hispanic origin ☐ 6. Other
5.	SOCIAL SECURITY AND MEDICARE NUMBERS [C in 1st box if no med. no.]	a. Social Security Number b. Medicare number (or comparable railroad insurance number)
6.	FACILITY NAME AND PROVIDER NO.	a. Facility Name

SECTION D3. ASSESSMENT/DISCHARGE INFORMATION

1.	DISCHARGE STATUS	*Code for resident disposition upon discharge* 1. Private home/apt. with no home health services 2. Private home/apt. with home health services 3. Another residential care facility *(specify)*_____ 4. Nursing home *(specify)*_____ 5. Acute care hospital 6. Psychiatric hospital, MR/DD facility 7. Rehabilitation hospital 8. Deceased 9. Other *(specify)*_____
2.	DISCHARGE DATE	*Date of death or discharge* Month – Day – Year
3.	SIGNATURES OF PERSONS COMPLETING THE ASSESSMENT:	a. Signatures Title Date b. Date c. Date

Correction Request Form: **Prior Record Section**

Prior AA1	**RESIDENT NAME**	a.(First) b.(Middle Initial) c.(Last) d.(Jr/Sr)
Prior AA2	**GENDER**	1. Male 2. Female
Prior AA3	**BIRTHDATE**	Month — Day — Year
Prior AA5a	**SOCIAL SECURITY**	a. Social Security Number
Prior A6 OR D1.8	**REASON FOR ASSESSMENT**	ASSESSMENT 1. Admission assessment 2. Annual assessment 3. Significant change in status assessment 4. Semi-Annual 5. Other DISCHARGE TRACKING 6. Discharged 7. Discharged prior to completing initial assessment
	PRIOR DATE	PRIOR DATE (Complete one only) Complete Prior A5 if Primary Reason (Prior A6) equals 1,2,3,4 or 5 Complete Prior D3.2 if Primary Reason (Prior D1.8) equals 6 or 7
Prior A5	**ASSESSMENT DATE**	a. *Last day of MDS observation period* Month — Day — Year
Prior D3.2	**DISCHARGE DATE**	*Date of Discharge* Month — Day — Year



Correction Request Form: **Correction Section**

CORRECTION SECTION:
COMPLETE THIS SECTION TO EXPLAIN THE CORRECT REQUEST

AT1.	CORRECTION SEQUENCE NUMBER	(Enter total number of corrections for this record, including the present one.)	
AT2.	ACTION REQUESTED	1. MODIFY record in error (Attach and submit a COMPLETE assessment or tracking form. Do NOT submit the corrected items ONLY. Proceed to item AT3 below). 2. INACTIVATE record in error. (DO NOT submit an assessment or tracking form. Submit the correction request only. Skip to item AT4).	
AT3.	REASONS FOR MODIFICATION	(If AT2=1, check at least one of the following reasons; check all that apply, then skip to AT5) a. Transcription error b. Data entry error c. Software product error d. Item coding error e. Other error If "Other" checked, please specify: _____	a. b. c. d. e.
AT4.	REASONS FOR INACTIVATION	(If AT2=2, check at least one of the following reasons; check all that apply.) a. Test record submitted as production record b. Event did not occur c. Inadvertent submission of non-required record d. Other reason requiring inactivation If "Other" checked, please specify: _____	a. b. c. d.

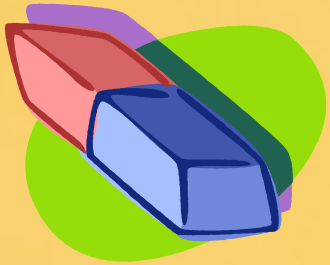
Correction Request Form

Purpose of this form:

To request correction of errors in an assessment or tracking form that has already been accepted into the database.

- To modify a record in the database
- To inactivate a record in the database

It is important that the information in the State database be correct.



Correction Request Form

To INACTIVATE a record in the State database

1. Complete this correction request form
2. Create an electronic record of the form
3. Place a hard copy of the documents in the Clinical record
4. Electronically submit this request.

The link to the SMS website can be found on the Muskie School of Public Service, Minimum Data Set (MDS) Technical Information website:

http://muskie.usm.maine.edu/mds/

Click on the link and the SMS log-in screen will appear. Type in your username and password and hit the Log In button to enter the site.

Muskie School of Public Service

Cutler Institute for Health and Social Policy
University of Southern Maine

Minimum Data Set (MDS) Technical Information

Welcome to Maine's Minimum Data Set (MDS) Technical Information Site

This site provides technical information related to the family of MDS resident assessment instruments used by MaineCare (Maine's Medicaid program). The University of Southern Maine (USM) Muskie School of Public Service (MSPS) maintains this site on behalf of the Maine Department of Health and Human Services (DHHS).

The family of MDS resident assessment instruments includes Minimum Data Sets for:

- nursing facilities (MDS 3.0);
- residential care facilities (MDS-RCA); and
- adult family care homes (residential care level III).

The information stored at this site is intended to assist:

1. State and Provider staffs with the most current MDS information and resources
2. Computer software designers in meeting State requirements concerning the encoding and electronic transmission of MDS assessments

Website Contents List

Nursing Home Links
Residential Care (Level IV) Links
Adult Family Care Homes (Residential Care - Level III) Links

Nursing Home Links

MDS 3.0:

- MDS 3.0 Website

NF RUG Grouper:

- Maine MDS RUGIII Codes

Residential Care Facility Links

SMS: Maine MDS Submission Management System

- Go to Log-in Page

MDS-RCA Form:

Project Staff

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Muskie School of Public Service

Phone: (207) 780-5576
Fax: (207) 228-8083

Suggested Audiences:

- Residential Care Facilities
- Adult Family Care Homes
- Nursing Facility providers
- State agencies
- Software programmers

Documentation Requirements

Clinically Complex

MDS RCA item and reference	Field	Documentation Requirement
		Clinically Complex
I1a and O4Ag pg. 69 and 90	Diabetes receiving daily insulin injections	• Physician's diagnosis of diabetes, **and** • receiving daily injections of insulin
I1r, pg 64	Aphasia	Definition: A speech or language disorder caused by disease or injury to the brain resulting in difficulty expressing thoughts (i.e., speaking, writing), or understanding spoken or written language. Documentation requirements: • difficulty must be noted in the resident chart • physician's diagnosis in the record • Current diagnosis and active treatment
I1s pg. 69	Cerebral Palsy	• physician's diagnosis • Current diagnosis and active treatment
I1v	Hemiplegia/Hemiparesis	• physician's diagnosis • Current diagnosis and active treatment

MDS-RCA Training: Documentation Requirements (Clinically Complex)

I1w	Multiple Sclerosis	• physician's diagnosis • Current diagnosis and active treatment
I1ww	Explicit Terminal Prognosis	• A physician has put in the record that the resident is terminally ill and expected to have no more than 6 months to live. • This should be substantiated with a documentation of diagnosis and deteriorating clinical condition
I1z	Quadriplegia	• A physician diagnosis of paralysis of all four limbs. • Current diagnosis and active treatment
M1b	Burns – 2nd or 3rd degree	• Confirmation of the degree of the burn by the physician. In accordance with the Maine State Board of Nursing, the determination of degree of a burn must be documented by a physician. • The status of a burn can be documented by a registered nurse or physician. • Current diagnosis and active treatment
M2	Ulcers	Ulcers must be staged by a registered nurse or physician, during the observation period for the MDS-RCA. • Current diagnosis and active treatment • Periodic evaluation by a Registered Nurse. Note: the definition of "ulcer" due to any cause means any lesion caused by pressure or decreased blood resulting in damage to underlying tissue.
P1aa	Chemotherapy	• Any type of anti-cancer drug given by any route. • Evidence in the resident record. Chemotherapy can only be coded if administered for a diagnosis of cancer.
P1aa	Radiation	• Radiation therapy or implant. • Evidence in the resident record. Radiation therapy can only be coded if administered for a diagnosis of cancer.
P1ab	Oxygen	• physician's order • administered during the past 14 days.

MDS-RCA Training: Documentation Requirements (Clinically Complex)

MDS RCA item	Field	Documentation Requirement
P1bdA	Respiratory Therapy 5 or more days per week	• Physician order • Performed by a qualified therapist. • Documentation of frequency, and the • Qualified professional must be with resident at least 15 minutes per day **and** at least 5 days per week. Includes only therapies based on a therapist's assessment and treatment plan that is documented in the resident's clinical record.
P3	Need for on-going monitoring	• The need for monitoring must be determined, directed and documented by a physician or a registered nurse. • The need for on-going monitoring for: ○ An acute condition, ○ A chronic condition that exacerbated into an acute episode ○ A new treatment or medication • Documentation that monitoring has been provided by the person responsible within the look back period.
P10	4 or more order change days	• Code the **number of days** on which physician orders were changed. • Written, telephone, fax, or consultation orders for new or altered treatment. • Does NOT include admission orders, return admission orders, clarifying, or renewal orders without changes.

Impaired Cognition and Problem Behavior

MDS RCA item and reference	Field	Documentation Requirement
		Impaired Cognition
B3, pg 29	Cognitive Skills for Daily Decision Making	Documentation of the resident's *actual* performance in making everyday decisions about tasks or activities of daily living within the look back period. Documentation must support the coding selected.

MDS RCA item	Field	Documentation Requirement
		Problem Behavior and Conditions
E1a-E1r, pg 34	Indicators of Depression	Evidence and observation of the identified indicators must be present in the resident record within the look back period.
J1e, pg 68	Delusions	Documentation in the resident record should describe examples of *fixed, false beliefs, not shared by others even when there is obvious proof or evidence to the contrary*, that occurred within the look back period.
J1f, pg 68	Hallucinations	Documentation in the resident record should describe examples of *tactile, auditory, visual, gustatory, olfactory false perceptions in the absence of any real stimuli* that occurred within the look back period.
P2a – P2j	Intervention Programs for Mood, Behavior, Cognitive Loss	Documentation that the resident has received any intervention and/or strategies in the last seven days. Service plan should include the evaluation for and the provision of these services as well as the outcomes of treatment.

Physical Impairment

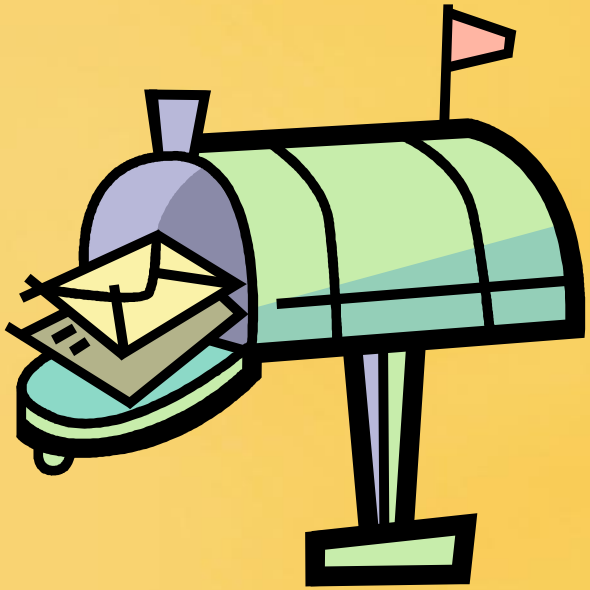
MDS RCA item	Field	Documentation Requirement
		Physical
G1aA	Bed mobility	Documentation in the record must reflect the resident's ADL self-performance over the 7 day period, 24 hours per day. Only self-performance counts towards the ADL score.
G1bA	Transfer	
G1cA	Locomotion	
G1dA	Dressing	
G1eA	Eating	
G1fA	Toilet Use	
G1gA	Personal Hygiene	

What are Quality Indicators??

- Identify flags
- Identify exemplary care
- Identify potential care problems
- Identify residents for review
- Provide general information
- Identify education needs
- Based solely from responses on the MDS-RCA

Quality Indicator Reports

The “PNMI Residential Care Facility Quality Indicator” report is prepared & mailed to each facility every 6 months.



MDS-RCA Training: Quality Indicators

QI 1 Prevalence of Bladder Incontinence (High Degree of Incontinence)

QI 2 Prevalence of Bladder Incontinence (Low Degree of Incontinence)

QI 3 Prevalence of Bowel Incontinence (High Degree of Incontinence)

QI 4 Prevalence of Bladder Incontinence without Scheduled Toileting Plan

QI 5 Prevalence of Injury

QI 6 Prevalence of Falls

QI 7 Prevalence of Behavioral Symptoms

QI 8 Prevalence of Behavioral Symptoms without Behavior Management Program

QI 9 Prevalence of Resident using 9 or more Medications in last 7 days including PRNs

QI 10 Prevalence of Resident using 9 or more Scheduled Medications in last 7 days

QI 11 Prevalence of Cognitive Impairment

QI 12 Prevalence of Modified Long Term Cognitive Impairment

QI 13 Prevalence of Little or No Activity

QI 14 Prevalence of Anti-Psychotic Drugs

QI 15 Prevalence of Awake at Night

QI 16 Prevalence of Communication Difficulties

QI 17 Prevalence of Signs of Distress or Sad/Anxious Mood

QI 18 Incidence of Decline in Late Loss ADLs

QI 19 Incidence of Decline in Late Loss ADLs - High Risk

QI 20 Incidence of Decline in Late Loss ADLs - Low Risk

QI 21 Incidence of Decline in Early Loss ADLs

QI 22 Incidence of Decline in Early Loss ADLs - High Risk

QI 23 Incidence of Decline in Early Loss ADLs - Low Risk

QI 24 Incidence of Improvement in Late Loss ADLs

QI 25 Incidence of Improvement in Early Loss ADLs

QI 26 Prevalence of Emergency Room Visits without Overnight Stay

QI 27 Prevalence of Psychiatric Hospital Stays in last 6 months

QI 28 Prevalence of Hospital Stays in last 6 months

QI 29 Prevalence of Weight Loss

QI 30 Prevalence of Wheelchair as Primary Mode of Locomotion

QI 31 Prevalence of High Case Mix Index

QI 32 Prevalence of Pain

QI 33 Prevalence of Pain Interfering without Pain Management

QI 34 Prevalence of Anti-Psychotic use in Absence of Diagnosis

QI 35 Prevalence of Ulcers due to Any Cause

QI 36 Prevalence of Fecal Impaction

MDS-RCA Training: Quality Indicators

Facility Name: TEST FACILITY Facility Internal Id: 99999 Facility MaineCare Number: 999999999

Resident Name	Effective Date	A6	Age	Quality Indicator Number: 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	Total
Last Name, First Name	2/8/2012	Adm	89		✓				✓	✓	✓	✓	✓	✓	✓		✓			✓									✓					✓	✓		✓			14
Last Name, First Name	4/8/2012	Adm	78	✓			✓		✓	✓	✓	✓	✓	✓	✓		✓			✓									✓	✓							✓			14
Last Name, First Name	12/27/2011	Sem	86	✓			✓	✓				✓	✓	✓	✓									✓		✓								✓						10
Last Name, First Name	5/7/2012	Sem	81									✓	✓	✓	✓																									4
Last Name, First Name	10/23/2011	Sem	80							✓	✓			✓	✓	✓			✓	✓																				7
Last Name, First Name	12/24/2011	Sem	92							✓	✓	✓	✓	✓	✓	✓								✓		✓														9
Last Name, First Name	4/30/2012	Ann	84	✓			✓		✓			✓	✓	✓	✓					✓							✓													9
Last Name, First Name	11/23/2011	Ann	90	✓		✓	✓					✓	✓	✓	✓				✓					✓	✓									✓						11
Last Name, First Name	1/7/2012	Sem	82		✓			✓	✓	✓	✓	✓	✓	✓	✓	✓			✓		✓		✓	✓		✓														15
Last Name, First Name	1/5/2012	Sig	69							✓	✓			✓	✓	✓			✓	✓										✓										8
Last Name, First Name	3/7/2012	Ann	64	✓			✓		✓	✓		✓	✓		✓		✓			✓														✓			✓			11
Last Name, First Name	12/29/2011	Sem	91											✓	✓																									2
Last Name, First Name	4/19/2012	Sem	96	✓		✓	✓		✓	✓				✓	✓		✓			✓														✓			✓			11
Last Name, First Name	5/13/2012	Adm	85											✓	✓																									2
Last Name, First Name	2/18/2012	Sem	85		✓				✓	✓	✓	✓	✓	✓	✓																									8
Facility Total:				6	3	2	6	2	7	9	7	10	10	14	15	4	4	0	4	7	1	0	1	4	1	3	1	0	2	2	0	0	0	5	1	0	4	0	0	135

Quality Indicator Terminology

Numerator- Describes all residents in a group with a specific trait.

Denominator- All residents considered for that group.

Prevalence- The status of a resident at a point in time (as of the current assessment.)

Incidence- The change in status of a resident over a period of time (from the previous assessment to the current assessment.)

Percentage- The number of residents that actually have a QI (numerator) divided by the number that could have a QI (denominator)

The list of the individual Quality Indicators with definitions is called the "Matrix"

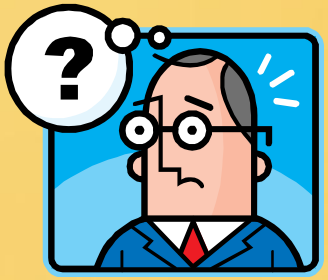
MDS-RCA Training: Quality Indicators

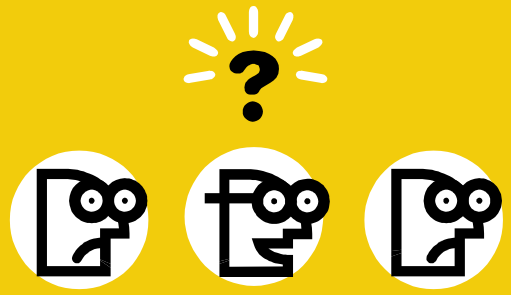
TEST FACILITY Resident Count: 15 State Count: 3870 Percentile Rank.

	Den. [1]	Num.		Den.	Num.		
1: Prevalence of Bladder Incontinence (High):	15	6	40.0%	3820	1369	35.8%	56
2: Prevalence of Bladder Incontinence (Low):	15	3	20.0%	3820	920	24.1%	47
3: Prevalence of Bowel Incontinence (High):	15	2	26.7%	3825	297	7.8%	77
4: Prevalence of Bladder Incontinence without Scheduled Toileting Plan:	6	6	100.0%	1963	1167	59.4%	72
5: Prevalence of Injury:	15	2	13.3%	3870	185	4.8%	89
6: Prevalence of Falls:	15	7	46.7%	3870	1429	36.9%	77
7: Prevalence of Behavioral Symptoms	15	9	60.0%	3870	1617	41.8%	66
8: Prevalence of Behavioral Symptoms without Behavior Management Program.	9	7	77.8%	1617	430	26.6%	81
9: Prevalence of Resident using 9 or more Medications in last 7 days including PRNs	15	10	66.7%	3870	2740	70.8%	0
10: Prevalence of Resident using 9 or more Scheduled Medications in last 7 days	15	10	66.7%	3870	2642	68.3%	40
11: Prevalence of Cognitive Impairment:	15	14	93.3%	3866	1539	39.8%	92
12: Prevalence of Modified Long Term Cognitive Impairment:	15	15	100.0%	3866	2758	71.3%	79
13: Prevalence of Little or No Activity:	15	4	26.7%	3867	1100	28.4%	54
14: Prevalence of Anti-Psychotic drugs:	15	4	26.7%	1963	1030	52.5%	55
15: Prevalence of Awake at Night	15	0	0.0%	3870	167	4.3%	0
16: Prevalence of Communication Difficulties:	15	4	26.7%	3870	718	18.6%	70
17: Prevalence of Signs of Distress or Sad/Anxious Mood	15	7	46.7%	3870	2265	58.5%	35
18: Incidence of Decline in Late Loss ADLs	12	1	8.3%	1617	660	40.8%	22
19: High Risk	3	0	0.0%	3870	192	5.0%	0

The **QI Report**

- Allows each facility review the results and compare your facility's percentage to the state average.
- What could cause your facility to be higher or lower than other facilities?
- Verify that the resident's condition was accurately assessed at the time the MDS-RCA was completed
- Identify if facility changes are needed





It's QUESTION TIME!!

Reminders:

Quarterly Res Care Forum Calls in March, June, September, and December-

Call the MDS help desk to register.

ASK questions!

ASK more questions!

Attend training as needed

Contact Information

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