



Prof. B. Tedlow, Governor Abby C. Mays, Commissioner

MDS-RCA Training

Case Mix Team
Office of MaineCare Services
April 2014

1

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

2

MDS-RCA Training: History



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

3

MDS-RCA Training: History

1995 Time Study

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

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



4

MDS-RCA Training: History

1999 Time Study

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



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

5

MDS-RCA Training: History

1999 Time Study Results



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

6

MDS-RCA Training: Purpose

Who, What, Where, Why and, When... of Case Mix

7

MDS-RCA Training: Purpose

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



8

MDS-RCA Training: Purpose



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

9

MDS-RCA Training: Purpose



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

10

MDS-RCA Training: Purpose



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

11

MDS-RCA Training: Purpose



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.

12

MDS-RCA Training: Timeliness and Accuracy

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.

16

MDS-RCA Training: Case Mix Review

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.

17

MDS-RCA Training

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.

18

MDS-RCA Training: Sanctions

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

19

MDS-RCA Training: Purpose



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.

20

MDS-RCA Training: Case Mix Review

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...

21

MDS-RCA Training: Purpose

MAINECARE RCF RESOURCE GROUP WEIGHTS

Resident Group	Order	Short description	MaineCare Weight
IC1	1	IMPAIRED 15-25	2.250
IB1	2	IMPAIRED 12-14	1.568
IA1	3	IMPAIRED 0-11	1.144
CD1	4	COMPLEX 12-25	1.944
CC1	5	COMPLEX 7-11	1.593
CB1	6	COMPLEX 2-6	1.205
CA1	7	COMPLEX 0-1	0.938
VC1	8	BEHAVIORAL HEALTH 16-26	1.916
VB1	9	BEHAVIORAL HEALTH 6-15	1.377
MA1	10	BEHAVIORAL HEALTH 0-4	0.580
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	0.781
BC1	15	NOT CLASSIFIED	0.781

22

MDS-RCA Training: RUG Groups

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

23

MDS-RCA Training: RUG Groups

Impaired Cognition Groups



Impaired Cognition making	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	15-25	Impaired Cognition high ADL	2.250



24

MDS-RCA Training: RUG Groups

Clinically Complex Groups

Clinically Complex	At least one of the following conditions: R1a1: diabetes receiving daily injections R1c: aphasia R1c: cerebral palsy R1c: hemiparesis/paralysis R1c: MS R1c: osteoarthritis R1c: stroke/trauma/paralysis R1c: burns M2a,b,c or G (acute) >1: ulcers due to pressure or decreased blood flow O4a-g: 7: diabetes receiving daily injections P1a: malnutrition - chemotherapy P1b: oxygen P1b: respiratory therapy 5 or more days per week P3a-1, 2, or 3: monitoring for acute conditions P3b-1, 2, or 3: monitoring for acute conditions P1b-3: missing 2 or more <u>days</u> with physician order changes	9	DA1	0-1	Complex low ADL	0.936
	P3a-1, 2, or 3: monitoring for acute conditions	10	DB1	2-6	Complex medium ADL	1.206
	P3b-1, 2, or 3: monitoring for acute conditions	11	DC1	7-11	Complex high ADL	1.563
	P1b-3: missing 2 or more <u>days</u> with physician order changes	12	DD1	12-28	Complex very-high ADL	1.944

25

MDS-RCA Training: RUG Groups

Behavioral Health Groups



Behavioral Health	E1a-E1c: two or more indicators of depression, anxiety or sad mood (scored as 1 or 2) OR P2a-P2c: three or more items checked (three or more interventions or programs for mood, behavior or cognitive loss, OR U1a: evaluation, OR	6	NA1	0-4	Behavioral health low ADL	0.66
	U1b: hallucinations	7	NB1	5-15	Behavioral health medium ADL	1.377
		8	NC1	15-20	Behavioral health high ADL	1.816



26

MDS-RCA Training: RUG Groups

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	PI1	4-7	Physical medium ADL	1.004
		4	PC1	8-10	Physical high ADL	1.016
		5	PD1	11-28	Physical very-high ADL	1.418



27

MDS-RCA Training: Purpose

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



28

MDS-RCA Training: Assessment Tool

MDS-RCA Assessment Tool

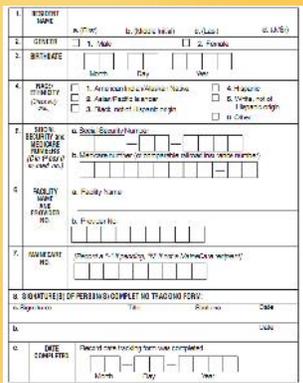
Section by Section



29

MDS-RCA Training: Assessment Tool

Section AA: Identification Information.



30

MDS-RCA Training: Assessment Tool

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

31

MDS-RCA Training: Assessment Tool

Section A: Identification and Background information

1. RESIDENT NAME	a. First b. Middle Initial c. Last c. (Jr/Sr)
2. SOCIAL SECURITY and MEDICARE NUMBERS (Enter on basis of state med. etc.)	a. Social Security Number b. Medicare number (for continuous residents (same as above))
3. FACILITY NAME AND PROVIDER NO.	a. Facility Name b. Provider No.
4. MEDICARE NO.	(Record a "1" if pending "W" if not a Medicare recipient)
5. ASSESSMENT DATE	Month Day Year (Last day of observation period)
6. REASON FOR ASSESSMENT	(Check primary reason for assessment) <input type="checkbox"/> 1. Admission assessment <input type="checkbox"/> 4. Semi Annual <input type="checkbox"/> 2. Annual assessment <input type="checkbox"/> 5. Other (specify) <input type="checkbox"/> 3. Significant change in status assessment

32

MDS-RCA Training: Assessment Tool

Section B: Cognitive Patterns

1. MEMORY	(Recall of what was learned or known) a. Short term memory OK—seems appropriate recall after 5 minutes <input type="checkbox"/> 0. Verbal OK <input type="checkbox"/> 1. Memory problem b. Long term memory OK—seems to recall long past <input type="checkbox"/> 0. Memory OK <input type="checkbox"/> 1. Memory problem
2. MEMORY/RECALL ABILITY	Check if that resident was nonresponsive to recall during last 7 days <input type="checkbox"/> a. Current session <input type="checkbox"/> rd. That happens in a facility/home <input type="checkbox"/> b. Location of own room <input type="checkbox"/> e. NONE OF ABOVE are recalled <input type="checkbox"/> c. Staff names/faces
3. COGNITIVE SKILLS FOR DAILY DECISION-MAKING (Check only one)	(Made decisions regarding tasks of daily life) <input type="checkbox"/> 0. INDEPENDENT—seems to reason/reasonable <input type="checkbox"/> 1. MODERATELY INDEPENDENT—some difficulty in new situations only <input type="checkbox"/> 2. MODERATELY IMPAIRED—decisions poor; cues/supervision required <input checked="" type="checkbox"/> 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) <input type="checkbox"/> 0. No change <input type="checkbox"/> 1. Improved <input type="checkbox"/> 2. Deteriorated

33

MDS-RCA Training: Assessment Tool

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



43

MDS-RCA Training: Assessment Tool

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



44

MDS-RCA Training: Assessment Tool

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)	
<input type="checkbox"/> a. inability to lie flat due to shortness of breath	<input type="checkbox"/> i. Rash/itching
<input type="checkbox"/> b. shortness of breath	<input type="checkbox"/> j. Numbness/tingling
<input type="checkbox"/> c. C edema	<input type="checkbox"/> k. Altered vision
<input type="checkbox"/> d. Incontinence	<input type="checkbox"/> l. Unpleasant taste
<input type="checkbox"/> e. Confusion	<input type="checkbox"/> m. Excessive salivation or drooling
<input type="checkbox"/> f. Hallucinations	<input type="checkbox"/> n. Change in color of eye white
<input type="checkbox"/> g. Delusions	<input type="checkbox"/> o. Other (specify) _____
<input type="checkbox"/> h. Susceptibility	<input type="checkbox"/> p. NONE OF ABOVE



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

45

MDS-RCA Training: Assessment Tool

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? <input type="checkbox"/> a. Abrasions (scrapes) or cuts <input type="checkbox"/> b. Burns (2nd or 3rd degree) <input type="checkbox"/> c. Bruises <input type="checkbox"/> d. Rash(es), hives, or eczema <input type="checkbox"/> e. Open sores or lesions <input type="checkbox"/> f. Other (specify): <input type="checkbox"/> g. ACUTE OR CHRONIC
2. ULCERS (Check all that apply)	Report the number of ulcers at each ulcer stage, regardless of cause. These ulcers are a stage 1 ulcer (1) stage 2 ulcer (2) stage 3 ulcer (3) stage 4 ulcer (4) a. Stage 1: A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is released. b. Stage 2: A partial thickness loss of skin layers that presents as a shallow open ulcer (1) hole, or a shallow crater. c. Stage 3: A full thickness of skin is lost, exposing the subcutaneous tissue, tendon, or deep muscle with or without undermining adjacent tissue. d. Stage 4: A full thickness of skin is lost exposing the bone, tendon, muscle or bone.
3. FOOT PROBLEMS	a. Resident has one or more leg problems (e.g., leg ulcers, leg sores)? <input type="checkbox"/> 3. No <input type="checkbox"/> 1. Yes b. One or more foot problems or irritations such as corns, calluses, bunions, blisters, lacerations, or sprains (e.g., blisters, abrasions, ingrown toenails, or blisters) in the last 7 days? <input type="checkbox"/> 3. No <input type="checkbox"/> 1. Yes

49

MDS-RCA Training: Assessment Tool

Section N: Activity Pursuit Patterns




SECTION N: ACTIVITY PURSUIT PATTERNS	
1. TIME AWAY	(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 (all) is: <input type="checkbox"/> a. Morning <input type="checkbox"/> d. Night (bedtime to AM) <input type="checkbox"/> b. Afternoon <input type="checkbox"/> e. NONE OF ABOVE <input type="checkbox"/> c. Evening
2. ALTERNATE TIME INVOLVED IN ACTIVITIES (Check only one)	(Check awake and not receiving treatment in ADL care) <input type="checkbox"/> 1. Most more than 2/3 of time <input type="checkbox"/> 2. Approximately 1/3 to 2/3 of time <input type="checkbox"/> 3. Fewer than 1/3 of time <input type="checkbox"/> 4. None
3. PREFERRED ACTIVITY SETTINGS	(Check all settings in which activities are preferred) <input type="checkbox"/> a. Outdoors <input type="checkbox"/> d. Any from facility <input type="checkbox"/> b. Day/indoor room <input type="checkbox"/> e. NONE OF ABOVE <input type="checkbox"/> c. Outside facility (e.g., in yard)
4. GENERAL ACTIVITY PREFERENCES	(Check all PREFERENCES whether or not activity is currently available to resident) <input type="checkbox"/> a. Cards/other board <input type="checkbox"/> h. Gardening or plants <input type="checkbox"/> b. Crafts/art <input type="checkbox"/> i. Talking to/with others <input type="checkbox"/> c. Exercise/sports <input type="checkbox"/> j. Hobbies/hobbies

50

MDS-RCA Training: Assessment Tool

Section O: Medications



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

SECTION O: MEDICATIONS (cont)	
6A. DAYS RECEIVED THE FOLLOWING MEDICATION	(Report the number of DAYS during the last 7 days or "0" if not used. Note: enter "1" for long-acting insulin used less than once daily) <input type="checkbox"/> a. Antipsychotic <input type="checkbox"/> d. Hygrolyte <input type="checkbox"/> b. Anticoagulant <input type="checkbox"/> e. Quinone <input type="checkbox"/> c. Antidepressant <input type="checkbox"/> f. Insulin <input type="checkbox"/> g. Insulin
6B. PHARMACOLOGICAL MEDICATIONS	Does resident have a prescription for any PHARM medication for a mental, emotional or nervous condition, or behavioral problem? <input type="checkbox"/> b. Yes <input type="checkbox"/> 1. No
6C. SELF-ADMINISTERED MEDICATIONS (Check all that apply)	Did resident self-administer any of the following in the last 7 days: <input type="checkbox"/> a. Insulin <input type="checkbox"/> a. Glucocin <input type="checkbox"/> b. Oxygen <input type="checkbox"/> f. Over-the-counter Meds <input type="checkbox"/> c. Inhalers <input type="checkbox"/> g. Other (specify): <input type="checkbox"/> d. Nitroglycerin <input type="checkbox"/> h. NONE OF ABOVE
6D. MEDICATION PREPARATION ADMINISTRATION	Did resident prepare and administer his/her own medications in last 7 days? (Check only one) <input type="checkbox"/> 1. No Meds <input type="checkbox"/> 2. Resident prepared and administered NONE of his/her own medications. <input type="checkbox"/> 3. Resident prepared and administered SOME of his/her own medications. <input type="checkbox"/> 4. Resident prepared and administered ALL of his/her own medications.

51

MDS-RCA Training: Assessment Tool

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



55

MDS-RCA Training: Assessment Tool

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**

56

MDS-RCA Training: Assessment Tool

Section P: Special Treatments and Procedures (cont)



- P11. Abnormal Lab Values
- P12. Psychiatric Hospital Stay(s)
- P13. Outpatient Surgery



57

MDS-RCA Training: Assessment Tool

Section Q: Service Planning

SECTION Q. SERVICE PLANNING

1. **RESIDENT GOALS** (These are goals in which resident has self-identified goals)

- a. Health promotion/wellness/active
- b. Social involvement/making friends
- c. Activities/hobbies/adult learning
- d. Rehabilitation/skilled
- e. Maintain or improve physical or cognitive function
- f. Participation in the community
- g. Other (priority) _____
- 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

58

MDS-RCA Training: Assessment Tool

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-efficacy changed compared to 6 months or since admission, if less than 6 months? 0. No change 1. Improved 2. Declined



59

MDS-RCA Training: Assessment Tool

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: - -

c. Other Signatures

Signature	Title	Section	Date

d. _____ Date _____

e. _____ Date _____

3. **CASE MIX GROUP**

60

MDS-RCA Training: Corrections

delete

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.

67

MDS-RCA Training: Submission

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.

68

Muskie School of Public Service

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 Medicare/Medicaid programs. 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 Set for:

- nursing facilities (MDS 2.0);
- residential care facilities (MDS-RCF); and
- adult family care homes (residential care level II).

The information stored at this site is intended to assist:

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

Website Contents List

- [Nursing Home Links](#)
- [Residential Care Facility Links](#)
- [Adult Family Care Homes/Residential Care - Level II Links](#)

Nursing Home Links

- [MDS 2.0 Website](#)

HF RUS Developer

- [Maine MDS RUS/RCF Coding](#)

Residential Care Facility Links

SMS: Maine MDS Submission Management System

- [SMS Link to Page](#)

MDS-RCF Page

69

MDS-RCA Training: Documentation Requirements

Documentation Requirements




70

MDS-RCA Training: Documentation Requirements

Clinically Complex

MDS-RCA Item and reference	Field	Documentation Requirement
Clinically Complex		
11a and 04Ag pp. 69 and 50 11r pp 64	Diabetes receiving daily insulin injections Aphasia	<ul style="list-style-type: none"> Physician's diagnosis of diabetes, and receiving daily injections of insulin <p>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.</p> <p>Documentation requirements:</p> <ul style="list-style-type: none"> difficulty must be noted in the resident chart physician's diagnosis in the record Current diagnosis and active treatment
11a pp. 69	Cerebral Palsy	<ul style="list-style-type: none"> physician's diagnosis Current diagnosis and active treatment
11v	Hemiplegia/Hemiparesis	<ul style="list-style-type: none"> physician's diagnosis Current diagnosis and active treatment

71

MDS-RCA Training: Documentation Requirements (Clinically Complex)

11w	Mutiple Sclerosis	<ul style="list-style-type: none"> physician's diagnosis Current diagnosis and active treatment
11ww	Explicit Terminal Prognosis	<ul style="list-style-type: none"> 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 determining clinical condition.
11z	Quadriplegia	<ul style="list-style-type: none"> A physician diagnosis of paralysis of all four limbs. Current diagnosis and active treatment
111b	Burns - 2 nd or 3 rd degree	<ul style="list-style-type: none"> 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 determined by a physician. The status of a burn can be documented by a registered nurse or physician. Current diagnosis and active treatment
112	Ulcers	<p>Ulcers must be staged by a registered nurse or physician, during the observation period for the MDS-RCA.</p> <ul style="list-style-type: none"> Current diagnosis and active treatment Periodic evaluation by a registered nurse. <p>Note: the condition of ulcer due to any cause means any lesion caused by pressure or decreased blood resulting in damage to underlying tissue.</p>
P133	Chemotherapy	<ul style="list-style-type: none"> Any type of antineoplastic drug given by any route Evidence in the resident record <p>Chemotherapy can only be coded if administered for a diagnosis of cancer.</p>
P132	Radiation	<ul style="list-style-type: none"> Radiation therapy or implant Evidence in the resident record <p>Radiation therapy can only be coded if administered for a diagnosis of cancer.</p>
P131b	Oxygen	<ul style="list-style-type: none"> physician's order administered 3 or more days

72

MDS-RCA Training: Quality Indicators



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

76

MDS-RCA Training: Quality Indicators

Quality Indicator Reports

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



77

MDS-RCA Training: Quality Indicators

Q1-1	Prevalence of Resident Incontinence (High Degree of Incontinence)	Q1-20	Incidence of Delirium (Late Low ADLs - Late ADLs)
Q1-2	Prevalence of Resident Incontinence (Low Degree of Incontinence)	Q1-21	Incidence of Delirium (Early Low ADLs)
Q1-3	Prevalence of Resident Incontinence (High Degree of Incontinence)	Q1-22	Incidence of Delirium (Early Low ADLs - High ADLs)
Q1-4	Prevalence of Resident Incontinence without Scheduled Training Plan	Q1-23	Incidence of Delirium in Early Low ADLs - Low ADLs
Q1-5	Prevalence of Falls	Q1-24	Incidence of Improvement in Late Low ADLs
Q1-6	Prevalence of Falls	Q1-25	Incidence of Improvement in Early Low ADLs
Q1-7	Prevalence of Behavioral Symptoms	Q1-26	Prevalence of Unnecessary Medication with Potential Side Effects
Q1-8	Prevalence of Behavioral Symptoms without Behavior Management Program	Q1-27	Prevalence of Unnecessary Medication (Late Low ADLs)
Q1-9	Prevalence of Behavioral Symptoms (Moderate to Severe) without Behavior Management Program	Q1-28	Prevalence of Unnecessary Medication (Early Low ADLs)
Q1-10	Prevalence of Resident using Potentially Inappropriate Medication in last 30 days	Q1-29	Prevalence of Weight Loss
Q1-11	Prevalence of Cognitive Impairment	Q1-30	Prevalence of Wound Care (Stage 1 or 2)
Q1-12	Prevalence of Mild to Severe Cognitive Impairment	Q1-31	Prevalence of High Case Mix Index
Q1-13	Prevalence of Critical Medication	Q1-32	Prevalence of Falls
Q1-14	Prevalence of Anti-Psychotic Drugs	Q1-33	Prevalence of Fall Injuries without Fall Management
Q1-15	Prevalence of Anticholinergics	Q1-34	Prevalence of Antipsychotic Use or Anticholinergic Use
Q1-16	Prevalence of Co-morbidities (Hypertension)	Q1-35	Prevalence of Falls without Injury
Q1-17	Prevalence of Spikes of Pressure (Self-Administered)	Q1-36	Prevalence of Fall Injuries
Q1-18	Prevalence of Falls in Late Low ADLs		
Q1-19	Prevalence of Falls in Late Low ADLs - High Risk		

78

Contact Information

- MDS Help Desk: 624-4019
MDS3.0.DHHS@maine.gov
- Lois Bourque RN: 592-5909
Lois.Bourque@maine.gov
- Darlene Scott-Rairdon RN: 215-4797
Darlene.Scott@maine.gov
- Maxima Corriveau RN: 215-3589
Maxima.Corriveau@maine.gov
- Sue Pinette RN: 287-3933
Suzanne.Pinette@maine.gov

85
