MDS-RCA Training

Case Mix Team
October 2018

Maine Department of Health and Human Services

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… 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 (continued)

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.
### MDS-RCA Training

#### Schedule of Assessments:

<table>
<thead>
<tr>
<th>Type of Assessment</th>
<th>When Referral</th>
<th>When Assessment Due</th>
<th>When Assessment Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Assessment</td>
<td>At entry</td>
<td>45 days after entry</td>
<td>5 days after referral</td>
</tr>
<tr>
<td>Annual Assessments</td>
<td>Only if there is a change in the resident's health status</td>
<td>Annually on the anniversary date of the assessment cycle</td>
<td>15 days before the anniversary date</td>
</tr>
<tr>
<td>Significant Change</td>
<td>At the time the significant change occurs</td>
<td>Within 7 days of the event</td>
<td>Within 7 days of the event</td>
</tr>
<tr>
<td>Recertification</td>
<td>Every 12 months</td>
<td>90 days prior to the expiration date</td>
<td>30 days prior to the expiration date</td>
</tr>
</tbody>
</table>

When to complete a Significant Change MDS-RCA assessment:

- Resident has experienced a “major change”
- Not self-limited
- Impacts two or more areas of the resident’s clinical status
- Requires revision of the service plan
- Improvement or decline

Documentation of the identification of an event or situation that may lead to completion of a significant change assessment must be in the resident’s clinical record.

#### 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 completed 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.

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.

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 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 ADL index score is determined as follows:

<table>
<thead>
<tr>
<th>ADL Function</th>
<th>Self-Performance</th>
<th>MDS-RCA Code</th>
<th>ADL Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bed Mobility (G1aa)</td>
<td>Independent</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Transfer (G1bb)</td>
<td>Supervision</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>3. Locomotion (G1cc)</td>
<td>Limited Assistance</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>4. Dressing (G1dd)</td>
<td>Extensive Assistance</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>5. Eating (G1ea)</td>
<td>Total Dependence</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>6. Toilet Use (G1fa)</td>
<td>Activity did not occur</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>7. Personal Hygiene (G1ga)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**MDS-RCA Training**

**Impaired Cognition Groups**

<table>
<thead>
<tr>
<th>1</th>
<th>2.5</th>
<th>1.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2.5</td>
<td>1.5</td>
</tr>
</tbody>
</table>

**Clinically Complex Groups**

<table>
<thead>
<tr>
<th>X</th>
<th>X</th>
<th>X</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**Behavioral Health Groups**

<table>
<thead>
<tr>
<th>X</th>
<th>X</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Default and Physical groups

<table>
<thead>
<tr>
<th>Section</th>
<th>Default</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
Section AA: Identification Information.

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
Coding: For each indicator apply one of the following codes based on interactions with and observations of the resident in the last 28 days. Remember, code regardless of what you believe the cause to be. (3/1/18)

**CODING:** (3/1/18)

0. Indicator exhibited less than one day each week in last 28 days
1. Indicator exhibited one to five days per week during the past 28 days. **Behavior must have occurred at least one day every week.**
2. Indicator exhibited daily or almost daily (6 to 7 days each week) during the past 28 days or the average of the four weeks is 6.0 or greater.

**NOTE:** Average is defined as the total of the values for each week in the look back period divided by number of weeks in the look back period.
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.
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#### SECTION II. PERSONAL CARE

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Performance of activities of daily living (ADLs)</td>
</tr>
<tr>
<td>2.</td>
<td>Assistance with ADLs</td>
</tr>
<tr>
<td>3.</td>
<td>Use of assistive devices</td>
</tr>
<tr>
<td>4.</td>
<td>Use of medications</td>
</tr>
</tbody>
</table>

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**Note:** This section has a 14-day look back period.
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POP QUIZ!

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 always 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.

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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.

- Diabetes with 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
Delusions and Hallucinations are both Items that can contribute to the Behavioral Health RUG groups. Descriptive documentation required.
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**Section M: Skin Condition**

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

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

**Section N: Activity Pursuit Patterns**

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Section O: Medications

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

Section P: Special Treatments and Procedures

These items will contribute to the clinically complex RUG group.

Section P: Special Treatments and Procedures (cont.)

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.)

These items will contribute to a Clinically Complex RUG group.

POP QUIZ!

Can Acute Monitoring be Coded??

1. Resident has another urinary tract infection (UTI) and has been prescribed Bactrim again.

2. Resident has diabetes. He has had vague complaints of not feeling well and his blood sugar has been elevated for the past week. Insulin was increased, but blood sugars are still elevated.

POP QUIZ!

Can Acute Monitoring be Coded??

3. Resident has had arthritis with pain and a history of stomach ulcers for many years. Recently, she had a fall. There was no fracture, but her pain has increased and she was started on a new arthritis medication that can cause GI problems.
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POP QUIZ!

Can Acute Monitoring be Coded??

4. Resident has diabetes, needs to have fingerstick blood sugars done 4 times per day, and takes insulin 2 times per day and as needed based on blood sugar.

5. Resident has been on Coumadin for years and has a blood test done every month. With his most recent blood test, he had to go to the ER for an injection of Vit K, his dose was changed and he had another blood test in 3 days with another dose change.

Section P: Special Treatments and Procedures (cont.)

- P4. Rehab / Restorative care (7 days)
- P5. Skill Training (30 days)
- P6. Adherence With Treatments/Therapies Programs (6 months)
- P7. General Hospital Stays (6 months)
- P8. Emergency Room (ER) Visits (6 months)
- P9. Physician Visits (6 months)

Note: Code the number of days the physician changed the resident’s orders, not including order renewals without change or clarification of orders, within the 14-day look back. This item will contribute to the Clinically Complex RUG group if coded as 4 or more.
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Section P: Special Treatments and Procedures (cont.)

P11. Abnormal Lab Values (90 days)
P12. Psychiatric Hospital Stays (6 months)
P13. Outpatient Surgery (6 months)

Section Q: Service Planning

Note: this item refers to Resident self-identified goals

Section R: Discharge Potential
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Section S: Assessment Information and Signatures

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Section T: Preventive Health

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

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Section U: Medications list
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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.

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Correction Request Form

Intent:
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.

http://muskie.usm.maine.edu/mds/
What can you do if you find a pattern of incorrect RUG groups between your MDS and the final validation?

- Call your vendor
- Make sure you are checking your validation reports regularly
What if my software shows an assessment has been accepted?

• Check your state validation report from SMS to confirm acceptance or rejection

• Software acceptance means your software is accepting the assessment as ready for submission through SMS
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Impaired Cognition and Problem Behavior

<table>
<thead>
<tr>
<th>CNA</th>
<th>Documentation Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1A</td>
<td>In the event of altered cognitive functions or behaviors that may impact functioning, intervention, or care strategy, work with the nurse and provider to develop and implement a care plan. (Note: Documentation should be consistent with the care plan and the OASIS assessment.)</td>
</tr>
<tr>
<td>C1B</td>
<td>If the CNA observes unusual behaviors or if there is a change in behavior, outline the situation and any potential interventions (e.g., medication).</td>
</tr>
<tr>
<td>C1C</td>
<td>Identify any potential care needs, such as increased monitoring or intervention, for the resident.</td>
</tr>
<tr>
<td>C1D</td>
<td>Identify any potential care needs, such as increased monitoring or intervention, for the resident.</td>
</tr>
<tr>
<td>C1E</td>
<td>Identify any potential care needs, such as increased monitoring or intervention, for the resident.</td>
</tr>
</tbody>
</table>

Physical Impairment

<table>
<thead>
<tr>
<th>MDS RCA Item</th>
<th>Documentation Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>C3A</td>
<td>Identification of skin integrity, including any signs of trauma or injury.</td>
</tr>
<tr>
<td>C3B</td>
<td>Identification of any sign of injury or trauma.</td>
</tr>
<tr>
<td>C3C</td>
<td>Identification of any sign of injury or trauma.</td>
</tr>
<tr>
<td>C3D</td>
<td>Identification of any sign of injury or trauma.</td>
</tr>
<tr>
<td>C3E</td>
<td>Identification of any sign of injury or trauma.</td>
</tr>
</tbody>
</table>

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.
Quality Indicators

- 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
Questions?
Forum Calls are held the first Thursday of March, June, September, and December.
Email the help desk to register for the call or to send questions or suggestions for Snippet topics.

MDS3.0.dhhs@maine.gov

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:
• MDS Help Desk: 624-4019 or toll-free: 1-844-288-1612
  MDS3.0.DHHS@maine.gov
• Lois Bourque, RN: 592-5909
  Lois.Bourque@maine.gov
• Darlene Scott-Raidon, RN: 215-4797
  Darlene.Scott@maine.gov
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  Maxima.Corriveau@maine.gov
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  Debra.Poland@maine.gov
• Sue Pinette, RN: 287-3933 or 215-4504 (cell)
  Suzanne.Pinette@maine.gov
Questions?

Sue Pinette RN, RAC-CT, Case Mix Manager
207-287-3933

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