MDS in Adult Family Care Homes: MDS-ALS

CASE MIX TEAM
Revised August 2015

MDS-ALS Training: Agenda

- History of MDS-ALS
- Purpose
- Definitions
- Schedule of Assessments
- Case Mix Index, RUG groups
- MDS-ALS Assessment Tool
- Corrections
- Quality Indicators

Training Requirement

MaineCare Benefits Manual, Chapter II, Section 2.07-1.A.4.a:

Only staff trained in completion of the MDS-ALS by the Department may conduct or coordinate assessments.
History of MDS-ALS

Who, What, Where, Why and, When...

of Case Mix

So... Who completes the MDS-ALS?

...The MDS Coordinator

with help from:

- The resident
- Facility staff
- Family
- Clinical records
Assessors Responsibilities

- Conduct interviews
- Read the manual
- Attend training
- Accuracy and timeliness
- Maintain confidentiality
- Edit and submit all MDS/ALS
- Review submission reports

MDS-ALS 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

MDS-ALS Training: Purpose

And... Where is the assessment done?

MDS-ALS assessment is completed in the facility

- All residents
- Regardless of payer source

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

And... Why do we need to do MDS-ALS 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.

MDS-ALS Training: Purpose

And... When are assessments done?

<table>
<thead>
<tr>
<th>Type of Assessment</th>
<th>When Completed</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission Assessment</td>
<td>Initial Admission</td>
<td>By the end of the 30th day after admission, as represented by the 30th day.</td>
</tr>
<tr>
<td>90th Annual Assessment</td>
<td>90 days after comprehensive MOS-PCA assessment</td>
<td>90 days after assessment date entered in (A), as represented by the 90th day.</td>
</tr>
<tr>
<td>Annual Assessment</td>
<td>90 days after MOS-PCA assessment</td>
<td>90 days after assessment date entered in (A), as represented by the 90th day.</td>
</tr>
<tr>
<td>Significant Change Assessment</td>
<td>Only significant change has occurred</td>
<td>Alexander must be completed by the end of the last assessment day following the date of the significant change. The significant change must be documented in Section IV, Part 1 of the MOS-PCA.</td>
</tr>
<tr>
<td>Other</td>
<td>When required by Case Mix Nurse</td>
<td>Completion must be entered in (A), as represented by the case mix date.</td>
</tr>
<tr>
<td>Training/Relocation</td>
<td>When resident is discharged, transferred or deceased</td>
<td>Completion must be entered in (A), as represented by the date of discharge.</td>
</tr>
</tbody>
</table>

MDS-ALS Training: Timeliness and Accuracy

Timeliness

MaineCare Benefits Manual, Chapter II, Section 2.07-1.A.8:

“The Department will sanction providers who fail to accurately complete assessments in a timely manner.”
Accuracy

Documentation is required to support the time periods and information coded on the MDS-ALS. (MBM, chapter II, Section 2.07-1.A.4.c)

Penalty for Falsification: The Department may sanction a provider whenever the provider willfully and/or knowingly certifies (or causes another individual to certify) a material and false statement in an assessment. This may be in addition to any other penalties provided by statute.

Case Mix

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

Insufficient, inaccurate or lack of documentation to support information coded on the MDS-ALS may lead to an error.
Poor Documentation could mean...

Lower payment than the facility could be receiving, OR

Overpayment which could lead to repayment 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.

Never do an inaccurate assessment to match inaccurate documentation

If, after interviewing staff and interviewing/observing the resident, you feel that the documentation is inaccurate, write a note in the record to explain and code the MDS/ALS accurately.

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
MDS-ALS Training

Case Mix Resident Classification Groups and Weights

There are a total of 8 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 classification groups.

<table>
<thead>
<tr>
<th>RUG Code</th>
<th>ALS Score</th>
<th>ADL Score</th>
<th>IADL Score</th>
<th>Weight</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>AV2</td>
<td>ALS 7-9</td>
<td>ADL 7-26</td>
<td>IADL 1-10</td>
<td>1.957</td>
<td>$74.55</td>
</tr>
<tr>
<td>AV1</td>
<td>ALS 7-9</td>
<td>ADL 7-6</td>
<td>IADL 1-9</td>
<td>1.210</td>
<td>$54.44</td>
</tr>
<tr>
<td>AH2</td>
<td>ALS 5-8</td>
<td>ADL 7-26</td>
<td>IADL 1-10</td>
<td>1.360</td>
<td>$61.19</td>
</tr>
<tr>
<td>AH1</td>
<td>ALS 5-8</td>
<td>ADL 6-6</td>
<td>IADL 1-9</td>
<td>1.027</td>
<td>$46.20</td>
</tr>
<tr>
<td>AM2</td>
<td>ALS 2-4</td>
<td>ADL 12-15</td>
<td>IADL 10-11</td>
<td>0.824</td>
<td>$41.57</td>
</tr>
<tr>
<td>AM1</td>
<td>ALS 2-4</td>
<td>ADL 10-11</td>
<td>IADL 10-11</td>
<td>0.804</td>
<td>$36.17</td>
</tr>
<tr>
<td>AL1</td>
<td>ALS 0-4</td>
<td>ADL 0-9</td>
<td>IADL 0-9</td>
<td>0.551</td>
<td>$24.79</td>
</tr>
<tr>
<td>BC1</td>
<td>Unclassified</td>
<td></td>
<td></td>
<td>0.551</td>
<td>$24.79</td>
</tr>
</tbody>
</table>

RUG Groups

Documentation Guidelines

<table>
<thead>
<tr>
<th>ALS</th>
<th>FIELD</th>
<th>COMMENTARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3</td>
<td>Cognitive Skills for Basic Activities</td>
<td>Documentative must be found in the record of the resident for the last 30 days.</td>
</tr>
<tr>
<td>F10</td>
<td>Indicators of Depression</td>
<td>Evidence within the record of the resident's involvement in the activity.</td>
</tr>
<tr>
<td>G8</td>
<td>Gas in the abdomen</td>
<td>Evidence within the record of the resident's management of gas/flatulence.</td>
</tr>
<tr>
<td>H6</td>
<td>Use of incontinence supplies</td>
<td>Evidence within the record of the resident's management of incontinence supplies.</td>
</tr>
<tr>
<td>O9</td>
<td>Administration of OTC medication</td>
<td>Evidence within the record that the resident had OTC medication in the last 7 days.</td>
</tr>
<tr>
<td>D8</td>
<td>Administration of Preparations</td>
<td>Evidence within the record of the resident's administration of medications in the last 7 days.</td>
</tr>
<tr>
<td>F10</td>
<td>Physicians' Orders</td>
<td>Evidence within the record of the resident's physicians' orders.</td>
</tr>
</tbody>
</table>
Submitting the MDS-ALS

Completed MDS-ALS assessments are submitted within 30 days of completion to:

Catherine Gunn-Thiele
Muskie School of Public Service
PO Box 9300
Portland, Me. 04104-9300
Office Phone: 780-5576
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

Section A: Identification and Background Information
When to complete a Significant Change MDS-ALS 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

MDS-ALS Training: Assessment Tool

Section B: Cognitive Patterns

1. MEMORY
   - Recall of information learned or recent
     a. Months or years ago
     b. Words or letter order
     c. Days, weeks, or months
     d. Months or years ago

2. REASONING/PROBLEM SOLVING
   - Can perform a task normally?
     a. Yes
     b. No

3. EXECUTIVE FUNCTION
   - How well does the resident handle money?
     a. Manage money
     b. Ask for help
     c. Use checks
     d. Use credit cards

4. SOCIAL FUNCTION
   - How well does the resident participate in social activities?
     a. Participate
     b. Ask for help
     c. Use social media

5. LANGUAGE
   - How well can the resident communicate?
     a. Oral communication
     b. Written communication
     c. Nonverbal communication

6. VISUAL PERCEPTION
   - How well does the resident perceive visual stimuli?
     a. Able to perceive
     b. Requires assistance

7. MOTOR FUNCTION
   - How well does the resident perform motor tasks?
     a. Able to perform
     b. Requires assistance

8. SELF-CARE
   - How well does the resident perform self-care activities?
     a. Able to perform
     b. Requires assistance

9. DRESSING
   - How well does the resident dress?
     a. Able to dress
     b. Requires assistance

10. PERSONAL HYGIENE
    - How well does the resident maintain personal hygiene?
      a. Able to maintain
      b. Requires assistance

11. DAILY ACTIVITIES
    - How well does the resident perform daily activities?
      a. Able to perform
      b. Requires assistance

12. SELF-MOVEMENT
    - How independent is the resident in self-movement?
      a. Able to perform
      b. Requires assistance

13. COMMUNICATION/HARING PATTERNS
    - How well can the resident hear?
      a. Adequate hearing
      b. Need for assistance

14. UNDERSTANDING
    - How well does the resident understand instructions?
      a. Fully understood
      b. Partially understood
      c. Unable to understand

15. LANGUAGE USE
    - How well does the resident use language?
      a. Understands
      b. Uses language
      c. Unable to understand
MDS-ALS Training: Assessment Tool

SECTION D: VISION PATTERNS

1. VISUAL ACUITY
   - Ability to see in adequate light and with glasses used:
     a. 20/20
     b. 20/40
     c. 20/100
     d. Cannot read
     e. Other

2. VISUAL FIELD
   - VISION IMPAIRMENT
     a. Yes
     b. No

3. OCULARITY
   - Yes
   - No

4. ARTIFICIAL EYE
   - Yes
   - No

5. VISUAL AIDS
   - Glasses, contact lenses
   - Artifical eye

MDS-ALS Training: Assessment Tool

SECTION E: MOOD AND BEHAVIOR PATTERNS

1. MOOD/SYMPTOMS
   - Unexplained mood change
   - 20/20
   - 20/40
   - 20/100
   - Cannot read
   - Other

2. BEHAVIORAL CHANGES
   - Agitated
   - Calm
   - Agitated
   - Calm

3. OCCURRENCE
   - Daily
   - Weekly
   - Monthly

4. SEVERITY
   - Mild
   - Moderate
   - Severe

5. INDICATORS OF SEVERITY
   - Increased
   - Decreased

Section E: Mood and Behavior Patterns (cont.)

1. MOOD/SYMPTOMS
   - Unexplained mood change
   - 20/20
   - 20/40
   - 20/100
   - Cannot read
   - Other

2. BEHAVIORAL CHANGES
   - Agitated
   - Calm
   - Agitated
   - Calm

3. OCCURRENCE
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   - Weekly
   - Monthly

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MDS-ALS Training: Assessment Tool

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   - Mild
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   - Increased
   - Decreased
MDS-ALS Training: Assessment Tool

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.

<table>
<thead>
<tr>
<th>ADL Category</th>
<th>Help needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meal</td>
<td></td>
</tr>
<tr>
<td>Bath</td>
<td></td>
</tr>
<tr>
<td>Dress</td>
<td></td>
</tr>
<tr>
<td>Toileting</td>
<td></td>
</tr>
<tr>
<td>Transfer</td>
<td></td>
</tr>
<tr>
<td>ADL Performance</td>
<td></td>
</tr>
</tbody>
</table>

1. **SUPERVISION**—Help or encouragement provided 3 or more times during last 7 days.
2. **LIMITED ASSISTANCE**—Resident highly involved in activity; required physical help in guided hands-on method of help or other nonweight-bearing assistance 3 or more times.
3. **COMPLETE ASSISTANCE**—Resident performed part of activity, but not fully. Help following activity included 3 or more times.
4. **TOTAL INDEPENDENCE**—Full self-performance during past 7 days.
5. **ACTIVITY DID NOT OCCUR DURING LAST 7 DAYS**

MDS-ALS Training: Assessment Tool

SECTION F. PHYSICAL FUNCTIONING

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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<tr>
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</tr>
<tr>
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3. **COMPLETE ASSISTANCE**—Resident performed part of activity, but not fully. Help following activity included 3 or more times.
4. **TOTAL INDEPENDENCE**—Full self-performance during past 7 days.
5. **ACTIVITY DID NOT OCCUR DURING LAST 7 DAYS**

MDS-ALS Training: Assessment Tool

SECTION G. PSYCHOLOGICAL WELL-BEING

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.

<table>
<thead>
<tr>
<th>ADL Category</th>
<th>Help needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meal</td>
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<tr>
<td>Bath</td>
<td></td>
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<tr>
<td>Dress</td>
<td></td>
</tr>
<tr>
<td>Toileting</td>
<td></td>
</tr>
<tr>
<td>Transfer</td>
<td></td>
</tr>
</tbody>
</table>
G2. Bathing Self-Performance

How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (EXCLUDE washing of back and hair). Check for most dependent on self-performance during last 7 days.

- 0. Independent—No help provided
- 1. Supervision—Over sight help only
- 2. Physical help limited to transfer only
- 3. Physical help in part of bathing activity
- 4. Total dependence
- 6. Activity itself did not occur during entire 7 days

G5. IADL Self-Performance

a. Resident arranged for shopping for clothing, snacks, other incidentals.
b. Resident prepared for shopping, snacks, or other incidentals.
c. Resident arranged for suitable transportation to get to appointments, outings, necessary engagements.
d. Resident managed finances including banking, handling checkbook, or paying bills.
e. Resident managed cash, personal needs allowance.
f. Resident prepared snacks, light meals.
g. Resident used phone.
h. Resident did light housework such as making own bed, dusting, or taking care of belongings.
i. Resident sorted, folded, or washed own laundry.
H4. Use of Incontinence Supplies

0. Always Continent
1. Resident incontinent and able to manage supplies independently.
2. Resident incontinent and receives assistance with managing supplies.
3. Resident incontinent and does not use incontinence supplies. For example, resident refuses to use the supplies or hides their soiled garments.

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 Mr. T 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.
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 K: Oral and Nutritional Status
Section O: Medications

- O1 Number of Medications
- O2 New Medications
- O3 Injections

Section P: Special Treatments and Procedures
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

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.

Section P: Special Treatments and Procedures

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

Section Q: Service Planning

Note: this item refers to Resident self-identified goals
Section R: Discharge Potential

- Does resident or family indicate a preference to return to community?
  - No
  - Yes

- Closest living relative or a support person who is positive towards discharge?
  - No
  - Yes

- Has resident’s self-sufficiency changed compared to 6 months or know admission, if any prior admission?
  - No change
  - Improving
  - Declined

Section S: Assessment Information and Signatures

- Signature of Assessment Coordinator (sign on the above)
- Date Assessment Coordinator signed as complete

- Other Signatures
- Title
- Sections
- Date

- Custodian Group

Section T: Preventive Health

- 12 month look back period for preventive health measures
Scoring of the MDS-ALS

3 step process:

1. Calculate ALS (Assisted Living Score)
2. Calculate ADL score
3. Calculate IADL / Bathing (IADL/B) score
### Living Assistance Score

<table>
<thead>
<tr>
<th>Step 1: Calculate Daily Living Skills Score</th>
<th></th>
</tr>
</thead>
</table>

### ADL Score

<table>
<thead>
<tr>
<th>Step 2: Calculate ADL score</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities of Daily Living (ADL)</td>
<td></td>
</tr>
<tr>
<td>1. Dress</td>
<td></td>
</tr>
<tr>
<td>2. Bath</td>
<td></td>
</tr>
<tr>
<td>3. Footwear</td>
<td></td>
</tr>
<tr>
<td>4. Meal Preparation</td>
<td></td>
</tr>
<tr>
<td>Total of ADL tasks to calculate ADL score</td>
<td></td>
</tr>
</tbody>
</table>

### IADL / Bathing Score

<table>
<thead>
<tr>
<th>Step 3: Instrumental Activities of Daily Living and Bathing (IADL/B)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td></td>
</tr>
<tr>
<td>1. Driving to doctor's</td>
<td></td>
</tr>
<tr>
<td>2. Eating</td>
<td></td>
</tr>
<tr>
<td>Instrumental Activities of Daily Living</td>
<td></td>
</tr>
<tr>
<td>1. Shopping</td>
<td></td>
</tr>
<tr>
<td>2. Laundry</td>
<td></td>
</tr>
<tr>
<td>3.拍行</td>
<td></td>
</tr>
<tr>
<td>Total IADL and Bathing (IADL/B)</td>
<td></td>
</tr>
</tbody>
</table>
MDS-ALS Training: Wrap Up

Reminders:

ASK questions!
ASK more questions!
Attend training as needed
Contact Information

- MDS Help Desk: 624-4019
  MDS3.0.DHHS@maine.gov
- Lois Bourque RN: 592-5909
  Lois.Bourque@maine.gov
- Heidi Coombe RN: 441-6754
  Heidi.L.Coombe@maine.gov
- Darlene Scott-Raidon RN: 215-4797
  Darlene.Scott@maine.gov
- Maxima Corriveau RN: 215-3589
  Maxima.Corriveau@maine.gov
- Sue Pinette RN: 287-3913
  Suzanne.Pinette@maine.gov