DHHS
Office of Maine Care Services

MDS-RCA Training

September2008

Assessment History

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

- RCA form design and content
- Development of the classification system
- Case Mix payment system
- Quality Indicator development

1995 Time Study

Twenty five Level 2 Facilities, with a total of 626 residents, participated in this time study. This included 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 this 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

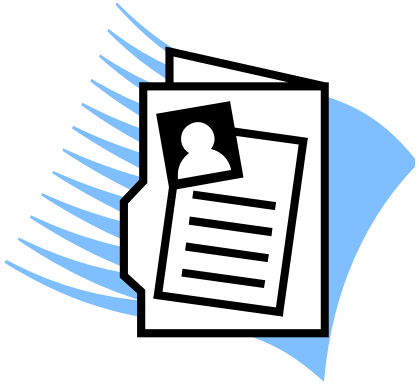
- Residents were more dependent in ADL's
- There was an increase in residents with Alzheimer's and other Dementias.
- There was an increase in wandering and intimidating behaviors.
- There was an increase in the amount of time needed to care for these residents
- The Case Mix Grouper needed to be revised.

3 Purposes of The MDS-RCA

- 1. To identify the majority of the residents strengths, needs and preferences that provides information to guide staff in developing an individualized Service Plan.
- 2. To place a resident into a payment group within the Case Mix System of Reimbursement.
- 3. To provide information that will determine the Facility's Quality Indicators.

Service Plans

- The purpose of the Service Plan is to provide individualized care to the resident by addressing the problems and needs identified by the MDS-RCA.
- The Service Plan needs to state an approach and a realistic goal for each identified problem or need.



What Is Case Mix ?

- Case Mix is a system of reimbursement that pays according to the amount of time spent with residents.
- Residents are grouped according to the amount of time used in their care

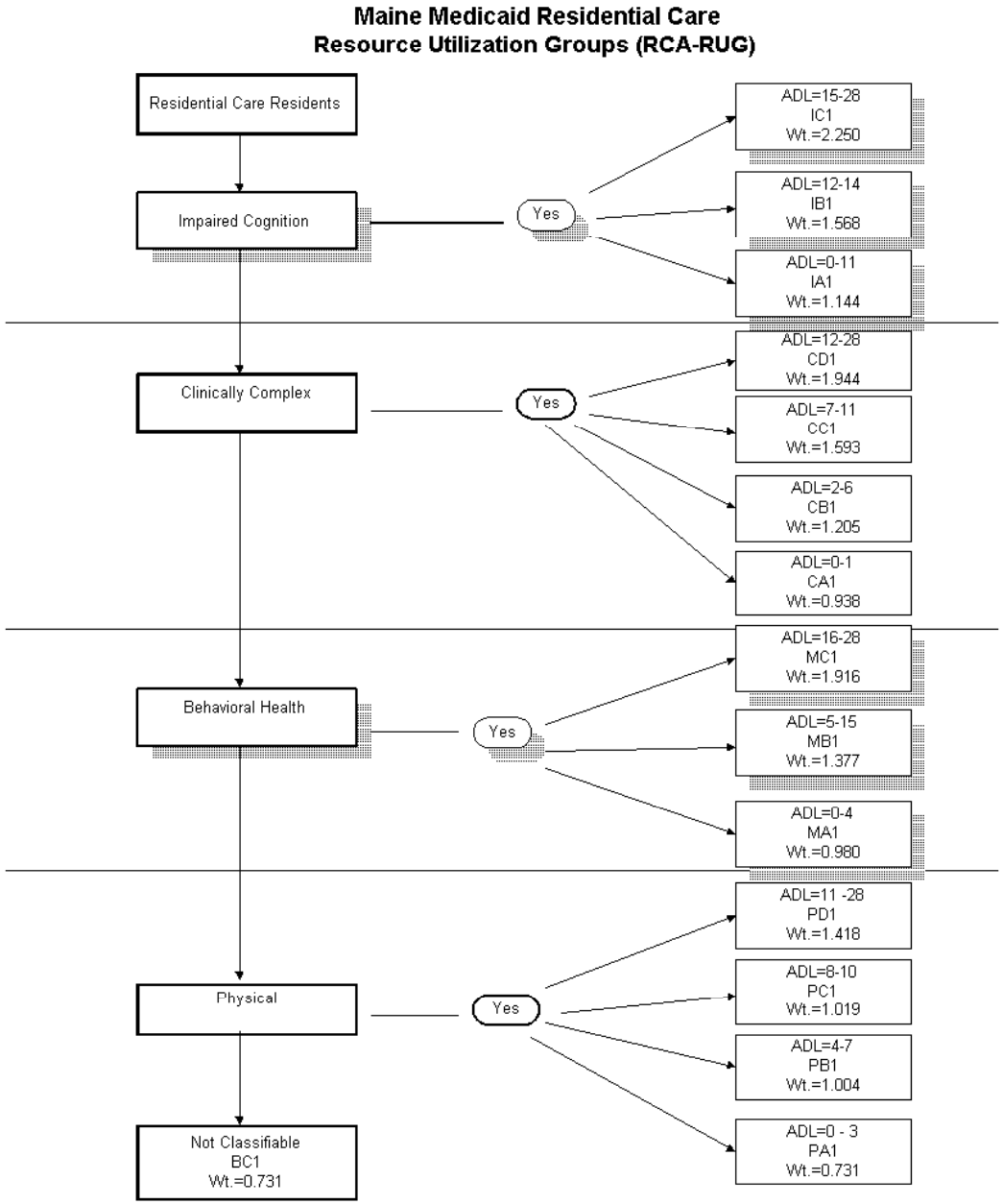
Case Mix Goals

- Improve equity of payment to providers
- Provide incentives to facilities for accepting higher acuity residents
- Strengthen the quality of care and quality of life for residents
- Improve access to residential care services for high acuity residents

How Does Case Mix Affect a Facility?

- Facilities can increase their reimbursement by admitting those residents whose care requires more of the staff's time. These residents are higher acuity.
- Higher acuity residents include those with Alzheimer's or other dementia, dependence in Activities of Daily Living, and mental health problems.

RCA-RUG Classification Tree



Clinical Indicators Identifying the RCA-RUG Classification

Group	ADL Splits	MDS-RCA Item
Impaired Cognition	0-11; 12-14; 15-28	Severely Impaired Decision Making [B3=3]
Clinically Complex	0-1; 2-6; 7-11; 12-28	***Any of the following conditions:*** •Ulcers due to any cause ([M2a,b,c, or d >0] •Quadriplegia [I1z=checked] •Burns [M1b=checked] •MS [I1w=checked] •Radiation/ Chemotherapy [P1aa=checked] •Hemiplegia/hemiparesis [I1v=checked] •4 or more physician order changes [P10>=4] •Aphasia [I1r=checked] •Explicit Terminal Prognosis [I1ww=checked] •Monitoring for Acute Conditions [P3a=1or P3a=2 or P3a=3 or P3b=1 or P3b=2 or P3b=3] •Oxygen [P1ab=checked] •RT 5 or more days a week [P1bda >= 5] •CP [I1s] •Diabetics receiving daily injections [I1a=1 and O4ag=7]
Behavioral Health	0-4; 5-15; 16-28	Two or more indicators of depression, anxiety or sad mood [count of the number of items **E1a-E1r** exhibited at all (>0)] OR Three or more interventions or programs for mood, behavior, or cognitive loss [three or more items in **P2a-P2j** checked] OR Delusions (J1e) or Hallucinations (J1f)
Physical	0-3; 4-7; 8-10; 11-28	
Not Classifiable		MDS-RCA Assessment RUG items contain invalid or missing data.

What Are Quality Indicators?

Quality Indicators Are:

- Identifying flags
- Identify exemplary care
- Identify potential care problems
- Identify residents for review
- Information
- Based solely from responses on the MDS-RCA

Quality Indicators

History:

A workgroup of providers and state representatives held a number of meetings. This group was involved in the development of the MDS-RCA and the quality indicators. The form is consistent with the MDS which is used in nursing homes. The MDS-RCA has additional items to address the needs of the population served in RCFs. The same is true of the quality indicators. They are more reflective of the social model. The quality indicators were developed to provide the foundation for quality assurance and improvement activities.

Quality Indicators

The Reports (Language to Learn):

Numerator- Describes all residents in that 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.)

Risk Adjustment- Separation of resident populations into two groups: Those at high risk and those at low risk (All other residents)

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"

Quality Indicators

- The **QI Report** is specific to your facility and compares your ranking to statewide averages.
- Review the reports. Compare your facility's percentage to the state average. Why are we so much higher/lower? Evaluate. Conclusion?
- When reviewing the QI Reports, remember that some of the assessments that the data was drawn from may be up to 6 months or older.

Completing the MDS-RCA

- Collect information to complete the MDS-RCA from a variety of sources.
- Collect information from the medical record, but observe and interview the resident for yourself.
- Collect information by interviewing caregivers and family members as well.

Accuracy of the MDS-RCA

- Always complete the MDS-RCA as accurately as possible.
- If supporting documentation is inaccurate, do not complete an inaccurate MDS-RCA using that documentation.
- Pay attention to the timeframe in each section of the MDS-RCA. Timeframes are always the last 7 days unless specified otherwise.

Confidentiality

- The person completing the MDS-RCA is responsible to maintain the confidentiality of all information collected.
- Reassure the resident that any information he or she supplies about themselves is confidential.
- Conduct interviews in a private area in a confidential manner.

A5 Assessment Reference Date

- The Assessment Reference date is the last day of the observation period.
- This date is used to count backward in time for the required number of days asked for in each section of the MDS-RCA.
- Admission day is counted as day 1.
- Calendar days and not business days are to be used .
- There should be no more than 7 days between the A5 date (assessment reference date) and the S2b date (completion date).

MDS-RCA Definitions

Quality Indicators- Indicators of quality, or flags. The MDS-RCA is the source document for these indicators.

R.U.G.- Resource Utilization Groups

Payment Items- These are certain services, conditions, diagnosis and treatments that are on the MDS-RCA. They place a resident into one of the 4 major R.U.G. groups.

Instrumental Activities of Daily Living (IADLS)- Real world situations based on the social model.

Cognition (Cognitive Ability)- The ability to recall what is learned or known and the ability to make ADL and IADL decisions.

MDS-RCA Definitions

Assessment Date (A5)- The LAST DAY of the observation period. This date, not the end date, is used to count backwards in time for the required number of days as per the instruction at the top of each MDS-RCA section/item.

REMINDERS:

*Admission day is counted as day 1

*Calendar days not business days are to be used when counting for the MDS-RCA date.

*If the number of days to count backward in time is not specified at the top of a section or item, use 7 days.

Types and Timing of Assessment

- *Admission Assessment-* Completed by the 30th day post admission as represented by the S2b date.

- *Semi Annual Assessment-* Completed within 6 months of the Admission or Annual Assessment. S2b date to S2b date should be no more than 6 months.

- *Annual Assessment –* Completed within 12 months of the Admission Assessment or last Annual Assessment.

Types and Timing of Assessment

- *Significant Change Assessment* – To be completed by the 14th day after a significant change in the resident's condition has been determined. Completion date represented at S2b.

- *Other* – Completed upon request by the Case Mix Nurse. Must be completed within 7 days of the Case Mix Nurse visit as represented at S2b.

Types and Timing of Assessment

- *Discharge Tracking Form* – To be completed within 7 days of the permanent discharge of a resident. These are not completed for temporary discharges to the hospital or LOA's.

- *Basic Assessment Tracking Form* – To be completed within 7 days each time an MDS-RCA or Discharge Tracking Form is completed.

Significant Change Assessment

A significant change assessment is done when there is either a decline or improvement that has major impact and will be permanent.

Therefore: A significant change assessment would not be warranted if the resident had, for example, a urinary tract infection or flu.

Also, one would not be warranted if a resident deteriorated during an illness and it was expected the resident would return to their previous state of health at the completion of the illness.

Significant Change Assessment

- An assessment needs to be completed when there is a MAJOR change in more than one area of the resident's functional status that is permanent and requires the Service Plan to be revised.
- The assessment is to be completed by the end of the 14th day from the day the significant change occurred.
- Whenever a significant change is done, the "clock" restarts, and the S2b date is used to determine when the next semi-annual and annual assessments are due.

Submission of MDS-RCA

Submit completed assessments (on diskette) to:

Catherine Gunn Thiele

Residential Care Data Specialist

Muskie School of Public Service

P.O. Box 9300, 96 Falmouth Street

Portland, Maine 04104-9300

(207) 780-5576

Physical Functioning

This section is vital in evaluating a resident's self-performance and the amount of staff support required before an appropriate service plan can be developed.

G1a-h:

- Evaluate for each 24-hour period for the last 7 days.
- Refer to the "resident's self performance and staff support" guidelines
- Reasons why a resident may not be independent include Arthritis, Asthma, COPD, Diabetes, and side effects from medications.

- Residents Self-Performance and Staff Support- G1A+B

Definitions

Self-Performance: What a resident actually performs/accomplishes of her/his ADLs, not what she/he is capable of performing/accomplishing.

Non-Weight Bearing (physical) Assistance: The care-giver guides the resident's body or extremities.

Weight Bearing (physical) Assistance: The care-giver (not the resident) bears the weight of the resident's body or extremities.

Bedfast/Chair fast: In bed or a recliner type chair, in own room, at least 22 of each 24 hour period.

Street Clothes: Not dressed in pajamas, Johnny, or other night wear.

"8" Code: This code can only be used in section "G" and only if the activity was not performed during the entire last 7 day period. You would not usually code this for eating of toileting.

Coding

Self-Performance-

0-Independent: No staff assistance or supervision *or* provided no more than 1-2 times.

1-Supervision: Encouragement or cueing provided by the staff 3 or more times *or* encouragement or cueing plus non weight-bearing assistance provided 1 or 2 times.

2-Limited Assistance: The resident is highly involved in the activity and 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 assistance 1 or 2 times.

3-Extensive Assistance: The resident performed part of the activity and received assistance of the following types 3 or more times:

a) Weight-bearing support

b) Full staff assistance during part but not all of last 7 days

Coding

4- Total Dependence: Full staff assistance of the entire activity each time it occurred over the entire 7 day period. There was no participation by the resident.

Staff Support

0-No support

1-Setup help only. I.E.-cutting the resident's meat, buttering bread, etc.

2-One person physical assistance

3-Two or more staff provide physical assistance

Therapies (P1ba,bc, and bd)

A therapy started before admission may be counted if continued post admission and may be provided in or outside of the facility.

Specialized Rehabilitation such as Physical, Occupational, Speech or Respiratory therapy MUST be ordered by a physician and provided by a qualified therapist.

Enteral Feeding

Tube Feeding

100%= Code 4 for self-performance and 2 for one staff assist.

If in addition to the enteral feeding, some solids/liquids are consumed by mouth, code 3 for self-performance and 2 for one staff assist.

Special Treatments and Procedures

Intervention Programs

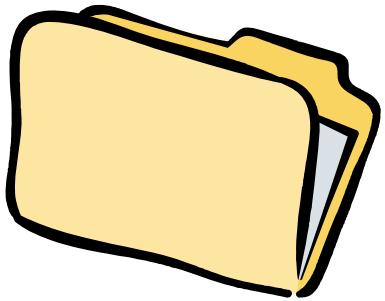
P2b-Special Behavior Management Program: This would be a part of the facility's Service Plan for behaviors identified in E4a through j.

E4a- *Frequently* signs and symptoms of mood distress *are* treatable and behavior problems *may* be a sign of depression.*

P3- Need for On-Going Monitoring: The need for on-going monitoring of an acute condition or a new treatment/medication must be determined by the physician or registered nurse.**

Correction Policy

Beginning July 1st, 2004, the MDS-RCA Correction Request Form is being implemented as part of a new MDS-RCA correction policy. This policy enables facilities to correct erroneous MDS-RCA data preciously submitted and accepted into the database.



The use of this form is at the facilities discretion and is intended to remedy concerns about the accuracy of the data in the State database.

Correction Policy

Modification: A modification should be requested when a valid MDS-RCA record is in the State MDS-RCA database, but the information in the record contains errors. Inaccuracies can occur for a variety of reasons, such as transcription errors, data entry errors, software product errors, item coding errors or other errors.

Inactivation: A MDS-RCA record must be inactivated when an incorrect reason for assessment has been submitted in item A6, Reason for Assessment. The record must then be resubmitted with the correct reason for assessment. An Inactivation should also be used when an invalid record has been accepted into the State MDS-RCA database.

A record is considered to be invalid if:

1)The event did not occur.
2)The record submitted identifies the wrong resident.
3)The record submitted identifies the wrong reasons for assessment.
4)Inadvertent submission of a non-required record.

Correction Policy

If the error is clinical and fits the definition of “significant change”, a significant change assessment must be completed.

The *“Correction Request Form*” is the last page of the 12/03 MDS-RCA form.

RCA
Assessment Schedule

Type of Assessment	When Performed	MDS_RCA Completion
Admission Assessment (Comprehensive)	At Initial Admission	By end of 30th day post adm Represented by S2b date
Semi Annual Assessment	Within 6 months of last Comprehensive MDS-RCA	Within 7 days of ARD(A5) Represented by S2b date
Annual Assessment. (Comprehensive)	Within 12 months of last Comprehensive MDS-RCA	Within 7 days of ARD(A5) Represented by S2b date
Significant Change Assess. (Comprehensive)	Only if Sig. change has Occurred. See manual	By 14th day after change Has occurred
Discharge Tracking Form	When a res is discharged Transferred or deceased	Within 7 days of the event
Other Requested Assess.	When requested by Case Mix nurse	Within 7 days of request

RCA DOCUMENTATION REQUIREMENTS FOR MDS/RCA SCORING

Key for Possible Record Locations

PPN-Physician's Progress Notes; **PO**-Physician's Orders; **PD**-Physician's Diagnosis; **CN**-Consultation Notes; **HHR**-Home Health Record; **PN**-Provider Notes; **FS**-Flow Sheets; **SP**-Service Plan; **SSN**- Social Service Notes; **MS**-Monthly Summary(specific time); **ADL**- ADL Flow Sheet **MAR**-Medication Administration Record; **AT**-Assessment Tool (other than RCA)

MDS/RCA Impaired Condition	field	commentary	Possible record location
B3	Cognitive Skills for Daily Decision Making	Examples of the resident's ability to actively make decisions re task of daily life	PN,MS,AT,FS ADL
Problem Behaviors/ Conditions			
E1a-E1r	Indicators of Depression	Indicators must be present in the residents record within the time frame	PN,MS,FS,ADL
J1e	Delusions	Describe examples of fixed, false belief, Not shared by others	PN,MS,CN

Documentation Guidelines cont

J1f	Hallucinations	Describe examples of auditory,visual,gustatory, Olfactory false perceptions occurring without real stimuli	PN,MS,CN
P2a-P2j	Intervention Prog. Mood, Behavior, Cognitive Loss	Evidence in the Service Plan and carrying out in the record for each program	PN,MS,SP,FS ADL
Clinically Complex			
I1A & O4Ag	Diabetic Receiving Daily Insulin Inject.	Physician Diag. Daily Insulin Injections	PD,PO,PN,MAR,CN
I1r	Aphasia	A Doctors diagnosis Must be in the record	CN,PN,PD
I1S	Cerebral Palsy	A Doctors diagnosis Must be in the record	CN,PN,PD

Documentation Guidelines cont

I1V	Hemiplegia/ Hemiparesis	A Doctors diagnosis in the record. ADL's must support diag.	CN,PN,PD,ADL
I1W	Multiple Sclerosis	A Doctors diagnosis in the record.	CN,PD,PN
I1WW	Explicit Terminal Prognosis	A Doctor must document the res. is terminally ill with no more than 6 months to live. Doc Of diag. & deteriorating clinical course	PO,PD,PN,CN,MS
I1z	Quadriplegia	A Doctors diagnosis in the record. ADL's should support diag.	PD,PN,CN,ADL
M1b	Burns- 2nd degree 3rd degree	A Doctor or RN must document in the Record.	PN,CN,MS,AT

Documentation Guidelines cont

M2	Ulcers	Must be Staged by an RN, as they appear during the observation period.	CN,PN,MS,AT
P1aa	Chemotherapy/ Radiation	Any type of Cancer drug given by any route. Include implants. Must CA diag.	PO,PD,CN,PN,MAR MS
P1ab	Oxygen	Must have a Dr. order and evidence in the record that the O2 was actually adm.	PO,PN,MAR,FS MS
P1bda	Respiratory Therapy 5or > days a week	Evidence of Treatment Plan(Service Plan) & Carrying out with number of minutes spent with the resident	PO,MAR,SP, MS PN
P3a&b	Need for On-Going Monitoring New Medication/Tx.	Evidence of acute condition or new med/tx Must be determined by a Dr or RN	PO,CN,PN,

Documentation Guidelines cont

P10	4 or > order changes	Includes written,telephone,fax or consultation orders that are new or altered	PO
		Does NOT include standing orders, admission orders,return adm.or renewals without change.	
Physical Function			
G1aA-G1gA	Self Performance Bed Mobility- Personal Hygiene	Must be doc all 3 shifts **SELF PERFORMANCE ONLY**	ADL,PN,FS