MDS-RCA Training

Case Mix Team
Office of MaineCare Services
June 2016

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

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
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 (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: Purpose

Schedule of Assessments:

| Type of Assessment | Where Indicated | When Due Based on
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Assessment</td>
<td>Within 10 days</td>
<td>7 days following</td>
</tr>
<tr>
<td>Annual Assessment</td>
<td>Within 365 days</td>
<td>12 months after</td>
</tr>
<tr>
<td>Significant Change Assessment</td>
<td>In any month of the year</td>
<td>14 days following the documented determination</td>
</tr>
</tbody>
</table>

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 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.

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</td>
<td>Independent</td>
<td>G1aa</td>
<td>0</td>
</tr>
<tr>
<td>2. Transfer</td>
<td>Supervision</td>
<td>G1ba</td>
<td>1</td>
</tr>
<tr>
<td>3. Locomotion</td>
<td>Limited Assistance</td>
<td>G1ca</td>
<td>2</td>
</tr>
<tr>
<td>4. Dressing</td>
<td>Extensive assistance</td>
<td>G1da</td>
<td>3</td>
</tr>
<tr>
<td>5. Eating</td>
<td>Total Dependence</td>
<td>G1ea</td>
<td>4</td>
</tr>
<tr>
<td>6. Toilet Use</td>
<td>Activity did not occur</td>
<td>G1fa</td>
<td>8</td>
</tr>
<tr>
<td>7. Personal Hygiene</td>
<td></td>
<td>G1ga</td>
<td>4</td>
</tr>
</tbody>
</table>
### Clinically Complex Groups

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Complexity</th>
<th>PPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCM</td>
<td>Clinically Complex</td>
<td>1.250</td>
<td>1.620</td>
</tr>
<tr>
<td>CCH</td>
<td>Clinically Complex</td>
<td>1.250</td>
<td>1.620</td>
</tr>
<tr>
<td>CCH</td>
<td>Clinically Complex</td>
<td>1.250</td>
<td>1.620</td>
</tr>
</tbody>
</table>

### Behavioral Health Groups

- **Interventional Build**:
  - E: MBI (E: MBI)
  - M: MBI (M: MBI)
  - S: MBI (S: MBI)
- **Interventional Build**:
  - H: MBI (H: MBI)
  - M: MBI (M: MBI)
  - S: MBI (S: MBI)

### Default and Physical Groups

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>PPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>Physical</td>
<td>1.250</td>
</tr>
<tr>
<td>P2</td>
<td>Physical</td>
<td>1.250</td>
</tr>
<tr>
<td>P3</td>
<td>Physical</td>
<td>1.250</td>
</tr>
<tr>
<td>P4</td>
<td>Physical</td>
<td>1.250</td>
</tr>
<tr>
<td>P5</td>
<td>Physical</td>
<td>1.250</td>
</tr>
</tbody>
</table>
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

Can You find the the MISTAKE?
1 2 3 4 5 6 7 8 9

MDS-RCA Assessment Tool
Section by Section

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
MDS-RCA Training: Assessment Tool

Section E: Mood and Behavior Patterns (cont)

1. UNSTABLE Mood or Behavior
   - Unusual mood changes
   - Uncontrollable anger
   - Unusual behavior
   - Unstable behavior
   - Uncontrollable crying
   - Unusual withdrawal

2. PERIODIC Mood or Behavior
   - Periodic mood swings
   - Periodic changes in behavior
   - Periodic withdrawal
   - Periodic aggression
   - Periodic irritability
   - Periodic confusion

3. CHRONIC Mood or Behavior
   - Chronic mood changes
   - Chronic changes in behavior
   - Chronic depression
   - Chronic irritability
   - Chronic aggression
   - Chronic confusion

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

**POP QUIZ!**

1. 
   - **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 always makes 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) have 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.

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.
### Section K: Oral and Nutritional Status

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Have a dietary plan for each resident's specific needs.</td>
</tr>
<tr>
<td>2</td>
<td>Use a variety of methods to help residents eat.</td>
</tr>
<tr>
<td>3</td>
<td>Have an ongoing plan for residents who are not able to eat.</td>
</tr>
<tr>
<td>4</td>
<td>Have an ongoing plan for residents who are on tube feedings.</td>
</tr>
<tr>
<td>5</td>
<td>Have an ongoing plan for residents who are on no tube feedings.</td>
</tr>
<tr>
<td>6</td>
<td>Have an ongoing plan for residents who are on no tube feedings due to PDN.</td>
</tr>
<tr>
<td>7</td>
<td>Have an ongoing plan for residents who are on no tube feedings due to M1b.</td>
</tr>
<tr>
<td>8</td>
<td>Have an ongoing plan for residents who are on no tube feedings due to M1b PDN.</td>
</tr>
<tr>
<td>9</td>
<td>Have an ongoing plan for residents who are on no tube feedings due to M1b PDN PDN.</td>
</tr>
</tbody>
</table>

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

### Section L: Oral / Dental Status

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Have a dental care program to meet the needs of each resident.</td>
</tr>
<tr>
<td>2</td>
<td>Some residents have teeth and do not have teeth.</td>
</tr>
<tr>
<td>3</td>
<td>Residents do not have teeth.</td>
</tr>
<tr>
<td>4</td>
<td>Residents do not have teeth and are not dentate.</td>
</tr>
<tr>
<td>5</td>
<td>Residents do not have teeth and are not dentate.</td>
</tr>
<tr>
<td>6</td>
<td>Residents do not have teeth and are not dentate.</td>
</tr>
<tr>
<td>7</td>
<td>Residents do not have teeth and are not dentate.</td>
</tr>
<tr>
<td>8</td>
<td>Residents do not have teeth and are not dentate.</td>
</tr>
<tr>
<td>9</td>
<td>Residents do not have teeth and are not dentate.</td>
</tr>
<tr>
<td>10</td>
<td>Residents do not have teeth and are not dentate.</td>
</tr>
</tbody>
</table>

### Section M: Skin Condition

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Have a written plan for care of residents with skin problems.</td>
</tr>
<tr>
<td>2</td>
<td>Have a written plan for care of residents with skin problems.</td>
</tr>
<tr>
<td>3</td>
<td>Have a written plan for care of residents with skin problems.</td>
</tr>
<tr>
<td>4</td>
<td>Have a written plan for care of residents with skin problems.</td>
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<td>5</td>
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<td>9</td>
<td>Have a written plan for care of residents with skin problems.</td>
</tr>
<tr>
<td>10</td>
<td>Have a written plan for care of residents with skin problems.</td>
</tr>
</tbody>
</table>
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 N: Activity Pursuit Patterns

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

Section O: Medications
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.
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

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

Note: this item refers to Resident self-identified goals

Section R: Discharge Potential

Section S: Assessment Information and Signatures
Section T: Preventive Health

Note: 12 month look back period for preventive health measures.
Correction Request Form: Prior Record Section

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.

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**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.
MDS-RCA Training: Documentation Requirements

Clinically Complex

<table>
<thead>
<tr>
<th>MDS-RCA Item and Source</th>
<th>Field</th>
<th>Documentation Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>70.4b</td>
<td>Initial</td>
<td>• A progress note to the patient and responsible physician</td>
</tr>
<tr>
<td>70.4c</td>
<td>Initial</td>
<td>• A progress note to the responsible physician</td>
</tr>
<tr>
<td>70.5c</td>
<td>N/A</td>
<td>• A progress note to the responsible physician</td>
</tr>
<tr>
<td>70.5d</td>
<td>N/A</td>
<td>• A progress note to the responsible physician</td>
</tr>
<tr>
<td>70.6a</td>
<td>N/A</td>
<td>• A progress note to the responsible physician</td>
</tr>
</tbody>
</table>

MDS-RCA Training: Documentation Requirements (Clinically Complex)

<table>
<thead>
<tr>
<th>Item</th>
<th>Multiple Selections</th>
<th>Documentation Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>A progress note to the patient and responsible physician</td>
<td></td>
</tr>
<tr>
<td>5.2</td>
<td>A progress note to the responsible physician</td>
<td></td>
</tr>
<tr>
<td>5.3</td>
<td>A progress note to the responsible physician</td>
<td></td>
</tr>
<tr>
<td>5.4</td>
<td>A progress note to the responsible physician</td>
<td></td>
</tr>
<tr>
<td>5.5</td>
<td>A progress note to the responsible physician</td>
<td></td>
</tr>
<tr>
<td>5.6</td>
<td>A progress note to the responsible physician</td>
<td></td>
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MDS-RCA Training: Documentation Requirements

Clinically Complex

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<td>Initial</td>
<td>• A progress note to the responsible physician</td>
</tr>
<tr>
<td>70.5c</td>
<td>N/A</td>
<td>• A progress note to the responsible physician</td>
</tr>
<tr>
<td>70.5d</td>
<td>N/A</td>
<td>• A progress note to the responsible physician</td>
</tr>
<tr>
<td>70.6a</td>
<td>N/A</td>
<td>• A progress note to the responsible physician</td>
</tr>
</tbody>
</table>
Impaired Cognition and Problem Behavior

Physical Impairment
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.
The QI Report

- Allows each facility to 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.

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
  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
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  Heidi.L.Lacroix@maine.gov
- Sue Pinette RN: 287-3933
  Suzanne.Pinette@maine.gov