

USING THE MDS IN A PAYMENT SYSTEM



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History of ND's Case Mix and Equalization of Rates in NFs

- ⦿ Enacted as state law in 1987
- ⦿ Became effective in 1990
- ⦿ Case Mix is a measurement system
- ⦿ Equalization means NF's cannot charge self-pay more than what Medicaid pays for MA recipient in same classification
- ⦿ ND Department of Human Services is the agency designated to develop and maintain the system

Characteristics of Payment System

- ⦿ System has 48 classifications with associated daily rate
- ⦿ System is facility specific
- ⦿ Rates are calculated at least annually with an effective date of Jan 1
- ⦿ Review points are set
- ⦿ Payment elements in MDS must be supported with documented evidence within the observation period of each element
- ⦿ Observation period includes A2300 date on the MDS
- ⦿ Look-back period is 7, 14, or 180 days
- ⦿ Documentation outside of the look-back period is not usable

The ADL Score

- ADL score is used in all determinations
- To calculate the score use the following for bed mobility, transferring and toileting:
 - ✓ Self- performance = -, 0 or 1, 7, 8 and support = any number, assign 0 points
 - ✓ Self-performance = 2 and support = any number, assign 1 point
 - ✓ Self-performance = 3 and support = -, 0, 1, or 2, assign 2 points
 - ✓ Self-performance = 4 and support = -, 0,1, or 2, assign 3 points
 - ✓ Self-performance = 3 or 4 and support 3, assign 4 points

EATING

- ◎ the score for “eating” uses the following:
 - ✓ If self-performance = -,0,1,2,7, or 8 and support provided is -0,1,8, assign 0 points
 - ✓ If self-performance = -,0,1,2,7,or 8 and support provided 2 or 3, assign 2 points
 - ✓ If self-performance = 3 or 4, and support provided is -,0,1, assign 2 points
 - ✓ If self performance is a 3 and support provided is 2 or 3, assign 3 points
 - ✓ If self performance is a 4 and support provided is 2 or 3, assign 4 points

Total all ADLs together for score range from 0 through 16.

Items and Elements Used in Assigning a Classification

⦿ Example:

✓ Bed Mobility – Self performance – 3

- **Support provided – 3 =4**

✓ Transfer – Self performance – 4

- **Support provided – 3 =4**

✓ Eating – Self performance – 3

- **Support provided – 2 =3**

✓ Toileting – Self performance – 3

- **Support provided – 3=4**

Total = 15

CLASSIFICATIONS

- ✓ 125 data elements
- ✓ 7 categories
- ✓ Various subcategories

THE SEVEN CATEGORIES

- ✓ Rehabilitation
- ✓ Extensive Services
- ✓ Special Care High
- ✓ Special Care Low
- ✓ Clinically Complex
- ✓ Behavior Symptoms and Cognitive Performance
- ✓ Reduced Physical Functioning

Rehabilitation Category

Therapies:

- ✓ Speech Therapy (7 days)-----O0400A
- ✓ Occupational Therapy (7 days)-----O0400B
- ✓ Physical Therapy (7 days)-----O0400C

Rehabilitation Category

The total number of therapy minutes is equal to or greater than 45 minutes, the following is used to complete the Rehabilitation Classification either :

Rehabilitation Criteria (section O0400 [a. ST b. OT c. PT])

- ✓ Received 150 or more minutes AND
- ✓ At least 5 days of any combination of the 3 disciplines OR

Rehabilitation Category

- ▶ Alternative Rehabilitation Criteria section O0400 a. (ST b. OT c. PT) and sections H0200C, H0500 and/or O0500)

In the last 7 days:

- ✓ Received 45 or more minutes AND
- ✓ At least 3 days or any combination of the 3 disciplines AND
- ✓ 2 or more nursing rehabilitation services* received for at least 15 minutes each with each administered for 6 or more days.

Nursing Rehabilitation/Restorative Care

- ✓ Urinary toileting/bladder program or
bowel training program-----H0200C or H0500
- ✓ Passive or active ROM*-----O0500A or O0500B
- ✓ Splint or brace assistance----- O0500C
- ✓ Bed mobility or walking training*---O0500D or O0500F
- ✓ Transfer training-----O0500E
- ✓ Dressing or grooming training----- O0500G
- ✓ Eating or swallowing training----- O0500H
- ✓ Amputation/prosthesis care----- O0500 I
- ✓ Communication training -----O0500J

Rehabilitation Category

<u>ADL Score</u>	<u>Classification</u>
15-16	RAE
11-14	RAD
6-10	RAC
2-5	RAB
0-1	RAA

Extensive Services

- ✓ Ventilator or respirator while a resident O0100F2
- ✓ Tracheostomy care and Suctioning
while a resident O0100E2,O0100D2
- ✓ Infection isolation while a resident O0100M2

Extensive Care Category

Extensive Services Conditions

Classification

Ventilator/respirator*

ES3

Trach care and Suctioning*

ES2

Infection isolation*

Without trach care*

ES1

Without vent/resp*

* While a resident

Special Care High

- ▶ Comatose and completely ADL dependent or
ADL did not occur, All ADLS equal 4 or 8 ----- B0100, ADLs
- ▶ Septicemia----- I2100
- ▶ Diabetes with both of the following: ----- I2900
 - ✓ insulin injections (N0350A) all 7 days
 - ✓ insulin order changes on 2 or more days----- N0350B
- ▶ Quadriplegia with ADL score ≥ 5 -----I5100, ADL score
- ▶ Chronic obstructive pulmonary disease and
SOB when lying flat -----I6200, J1100C
- ▶ Fever(7 days) and one of the following-----J1550A
 - ✓ I2000 Pneumonia
 - ✓ J1550B Vomiting
 - ✓ K0300 Weight Loss (1or 2)
 - ✓ K0510B2 Feeding tube*

Special Care Category High

* Tube feeding classification requirements:

(1) K0710A2 is 51% or more of total calories or

(2) K0710A2 is 26% to 50% of total calories and

K0710B2 is 501 cc or more per day fluid
enteral intake in the last 7 days.

K0510A2, S6000 Parenteral/IV feedings provided
and administered in and by nursing facility

O0400D2 Respiratory Therapy for all 7 days

Evaluate for Depression

- Signs and Symptoms of depression are used as a third level split for Special Care High. This identified through either the Resident Mood Interview or the Staff Assessment of Resident Mood, that is Chapter 3 of the MDS.

Special Care Category HIGH.

Resident	Staff	Description
D0200A	D0500A	Little interest or pleasure in doing things
D0200B	D0500B	Feeling down, depressed or hopeless
D0200C	D0500C	Trouble falling or staying asleep, sleep to much
D0200D	D0500D	Feeling tired or having little energy
D0200E	D0500E	Poor Appetite or over eating
D0200F	D0500F	Feeling bad or failure or let self or others down
D0200G	D0500G	Trouble concentrating on things
D0200H	D0500H	Moving or speaking slowly, fidgety or restless
D0200I	D0500I	Thoughts better off dead or hurting self
	D0500J	Short-Tempered, easily annoyed

Special Care Category High

The resident qualifies as depressed for the classification in either of the two following cases:

THE D0300 Total SEVERITY SCORE IS GREATER THAN OR EQUAL TO 10 BUT NOT 99.

OR

THE D0600 TOTAL SEVERITY SCORE IS GREATER THAN OR EQUAL TO 10.

Special Care Category HIGH

ADL Score	Depressed	Classification
15-16	yes	HE2
15-16	no	HE1
11-14	yes	HD2
11-14	no	HD1
6-10	yes	HC2
6-10	no	HC1
2-5	yes	HB2
2-5	no	HB1

Special Care Category LOW

- ▶ Cerebral Palsy + ADL Score ≥ 5 I4400+ADL score
- ▶ Multiple Sclerosis+ ADL Score ≥ 5 I5200+ADL score
- ▶ Parkinson's Disease +ADL Score ≥ 5 I5300+ADL score
- ▶ Respiratory Failure + oxygen therapy while a resident O0100C2,S6010
- ▶ Feeding Tube* (see previous criteria) K0510B2
- ▶ 2 or more Stage 2 pressure ulcers with 2 or more selected skin treatments* M0300B1
- ▶ Any Stage 3 or 4 pressure ulcer with 2 or more selected skin treatments* M0300C1,D1,F1

Special Care Category LOW

- ▶ 2 or more venous/arterial ulcers with
2 or more selected skin treatments* M1030
- ▶ 1 Stage 2 pressure ulcer and 1 venous/
arterial ulcer with 2 or more selected skin
treatments* M0300B1,M1030
- ▶ Foot infection, diabetic foot ulcer or other
open lesion of foot with application of
dressings to feet M1040A,B,C, M01200I
- ▶ Radiation Treatment while a resident O0100B2
- ▶ Dialysis treatment while a resident O0100J2

Special Care Low Category

* Selected skin Treatments

Pressure relieving chair and/or bed M1200A,B#

Turning/repositioning M1200C

Nutrition or hydration intervention M1200D

Pressure Ulcer Care M1200E

Application of dressing (not to feet) M1200G

Application of ointments (not to feet) M1200H

#Count as one treatment even if both are provided

Evaluate for Depression

- Signs and Symptoms of depression are used as a third level split for Special Care Low. This identified through either the Resident Mood Interview or the Staff Assessment of Resident Mood, that is Chapter 3 of the MDS.

Special Care Low Category

Resident	Staff	Description
D0200A	D0500A	Little interest or pleasure in doing things
D0200B	D0500B	Feeling down, depressed or hopeless
D0200C	D0500C	Trouble falling or staying asleep, sleep too much
D0200D	D0500D	Feeling tired or having little energy
D0200E	D0500E	Poor Appetite or over eating
D0200F	D0500F	Feeling bad or failure or let self or others down
D0200G	D0500G	Trouble concentrating on things
D0200H	D0500H	Moving or speaking slowly, fidgety or restless
D0200I	D0500I	Thoughts better off dead or hurting self
	D0500J	Short-Tempered, easily annoyed

Special Care Category Low

The resident qualifies as depressed for the classification in either of the two following cases:

THE D0300 Total SEVERITY SCORE IS GREATER THAN OR EQUAL TO 10 BUT NOT 99.

OR

THE D0600 TOTAL SEVERITY SCORE IS GREATER THAN OR EQUAL TO 10.

ADL SCORE	Depressed	Classification
15-16	Yes	LE2
15-16	No	LE1
11-14	Yes	LD2
11-14	No	LD1
6-10	Yes	LC2
6-10	No	LC1
2-5	Yes	LB2
2-5	No	LB1

Clinically Complex

- ▶ *Pneumonia* I2000
- ▶ *Hemiplegia/Hemiparesis with ADL score >=5* I4900+ADL
- ▶ *Surgical wounds or open lesions with any selected skin treatment** M1040D,E
- ▶ *Burns*
M1040F
- ▶ *Chemotherapy while a resident* O0100A2
- ▶ *Oxygen therapy provided within the facility while a resident* O0100C2, S6010
- ▶ *IV meds provided, instilled and administered exclusively by the facility while a resident* O01000H2,S6005
- ▶ *Transfusions while a resident* O0100I2

Selected Skin Treatments

- ▶ Surgical wound care M1200F
- ▶ Application of dressing (not to feet) M1200G
- ▶ Application of ointments (not to feet) M1200H

Evaluate for Depression

- Signs and Symptoms of depression are used as a third level split for Clinically Complex. This identified through either the Resident Mood Interview or the Staff Assessment of Resident Mood, that is Chapter 3 of the MDS.

Clinically Complex

Resident	Staff	Description
D0200A	D0500A	Little interest or pleasure in doing things
D0200B	D0500B	Feeling down, depressed or hopeless
D0200C	D0500C	Trouble falling or staying asleep, sleep too much
D0200D	D0500D	Feeling tired or having little energy
D0200E	D0500E	Poor Appetite or over eating
D0200F	D0500F	Feeling bad or failure or let self or others down
D0200G	D0500G	Trouble concentrating on things
D0200H	D0500H	Moving or speaking slowly, fidgety or restless
D0200I	D0500I	Thoughts better off dead or hurting self
	D0500J	Short-Tempered, easily annoyed

Clinically Complex

The resident qualifies as depressed for the classification in either of the two following cases:

THE D0300 Total SEVERITY SCORE IS GREATER THAN OR EQUAL TO 10 BUT NOT 99.

OR

THE D0600 TOTAL SEVERITY SCORE IS GREATER THAN OR EQUAL TO 10.

Clinically Complex Category

ADL Score	Depressed	Classification
15-16	yes	CE2
15-16	no	CE1
11-14	yes	CD2
11-14	no	CD1
6-10	yes	CC2
6-10	no	CC1
2-5	yes	CB2
2-5	no	CB1
0-1	yes	CA2
0-1	no	CA1

Behavior Symptoms and Cognitive Performance-

- ▶ First determine ADL score
 - ✓ -If ADL score is greater than 5 skip to Category VII
 - ✓ -If ADL score is 5 or less use Step 2.
- ▶ If the resident interview using the BIMS was not conducted (indicated by a value of zero for item C0100) you would proceed to Step #3

Step #3

- ▶ The resident is cognitively impaired if one of the three following conditions exists:
 1. B0100 coma, = 1 and completely ADL dependent or ADL did not occur. G0110A1, G0110B1, G0110H1, G0100I1 all = 4 or 8
 2. C1000 =3 which means severely impaired
 3. Using B0700, C0700, C1000, Two or more of the following indicators are present

Step #3 continued...

- +B0700 problem being understood > 0
- +C0700 Short Term memory problem =1
- +C1000 Cognitive >0

And

One or more of the following severe impairments are present

- + B0700 Severe problem being understood
 ≥ 2
- + C1000 Severe cognitive skills problem ≥ 2

Behavioral Symptoms and Cognitive Performance (con't)

- If the resident meets the criteria for being cognitively impaired then they meet this category. Proceed to Step #5.
Review the restorative nursing criteria.

Behavioral Symptoms and Cognitive Performance (Con't)

- ✓ Urinary toileting/bladder program or
bowel training program or H0500 H0200C
- ✓ *Passive or active ROM or O0500B O0500A
- ✓ Splint or brace assistance O0500C
- ✓ *Bed Mobility or walking training O0500D
or O0500F
- ✓ Transfer training O0500E
- ✓ Dressing or grooming training O0500G
- ✓ Eating or swallowing training O0500H
- ✓ Amputation/prosthesis care O0500I
- ✓ Communication training O0500J

Behavioral Symptoms and Cognitive Performance (Con't)

- If the resident does not present with cognitive impairment you would proceed to Step #4

Step #4- Behavior Symptoms

- ▶ Hallucinations E0100A
- ▶ Delusions E0100B
- ▶ Physical behaviors to others E0200A(2 or 3)
- ▶ Verbal behaviors to others E0200B (2 or 3)
- ▶ Other behaviors not to others E0200C (2 or 3)
- ▶ Rejection of care E0800 (2 or 3)
- ▶ Wandering E0900 (2 or 3)

Behavioral Symptoms and Cognitive Performance (con't)

- ▶ If the resident has one of the preceding behavior symptoms they classify as Behavior Symptoms and Cognitive Performance and you would then proceed to Step #5, again the restorative nursing. If the resident did not present with the behavior symptoms or a cognitive impairment they would be in Category VII. Reduced Physical Functioning.

Behavior Symptoms and Cognitive Performance (cont) using BIMS

STEP 2. If BIMS interview is completed using the following:

- +Repetition of three words C0200
- +Temporal orientation C0300
- + Recall C040

Behavioral Symptoms and Cognitive Performance (con't)

- C0500 provides the BIMS Score 15 indicating best cognition and 0 indicating worst.
- If the interview is not successful the BIMS score will equal 99.
- Cognitively impaired= if score less than or equal to 9, the resident classifies in Behavioral Symptoms and Cognitive Performance Category. SKIP to STEP #5

Nursing Rehabilitation/ Restorative Care or Step #5

- | | |
|--|---------------------|
| ✓ Urinary toileting/bladder program or | H0200C or |
| ✓ bowel training program | H0500 |
| ✓ *Passive or active ROM | O0500A or
O0500B |
| ✓ Splint or brace assistance | O0500C |
| ✓ *Bed mobility or walking training | O0500D or
O0500F |
| ✓ Transfer training | O0500E |
| ✓ Dressing or grooming training | O0500G |
| ✓ Eating or swallowing training | O0500H |
| ✓ Amputation/prosthesis care | O0500I |
| ✓ Communication training | O0500J |

Behavioral Symptoms and Cognitive Performance

- If the Score is greater than 9 but not 99 you would look at
Step #4.

Behavioral Symptoms and Cognitive Performance category

- ▶ Hallucinations E0100A
- ▶ Delusions E0100B
- ▶ Physical behaviors to others E0200A(2 or 3)
- ▶ Verbal behaviors to others E0200B (2 or 3)
- ▶ Other behaviors not to others E0200C (2 or 3)
- ▶ Rejection of care E0800 (2 or 3)
- ▶ Wandering E0900 (2 or 3)

Behavioral Symptoms and Cognitive Performance (con't)

- ▶ If the resident has one of the preceding behavior symptoms they classify as Behavior Symptoms and Cognitive Performance and you would then proceed to Step #5, again the restorative nursing. If the resident did not present with the behavior symptoms or a cognitive impairment they would be in Category VII. Reduced Physical Functioning.

Behavior Symptoms and Cognitive Performance (con't)

- If the residents Summary Score is 99 (interview not successful) or the Score is blank or the Score has a dash proceed to Step #3.

Step #3

- ▶ The resident is cognitively impaired if one of the three following conditions exists:
 1. B0100 coma, = 1 and completely ADL dependent or ADL did not occur. G0110A1, G0110B1, G0110H1, G0100I1 all = 4 or 8
 2. C1000 =3 severely impaired
 3. Using B0700, C0700, C1000, Two or more of the following indicators are present

Step #3 continued

+B0700 problem being understood >0

+C0700 Short Term Memory =1

+C1000 Cognitive > 1

AND

One or more of the following severe impairments are present

+ B0700 Severe problem being understood ≥ 2

+ C1000 Severe cognitive skills problem ≥ 2

Behavioral Symptoms and Cognitive Performance (con't)

- If the resident meets the criteria for being cognitively impaired then they meet this category. Proceed to Step #5.
Review the restorative nursing criteria.

Behavioral Symptoms and Cognitive Performance (con't)

- If the resident doesn't present with cognitive impairment as defined in Step #3 proceed to Step #4.

Behavioral Symptoms and Cognitive Performance category

- ▶ Hallucinations E0100A
- ▶ Delusions E0100B
- ▶ Physical behaviors to others E0200A(2 or 3)
- ▶ Verbal behaviors to others E0200B (2 or 3)
- ▶ Other behaviors not to others E0200C (2 or 3)
- ▶ Rejection of care E0800 (2 or 3)
- ▶ Wandering E0900 (2 or 3)

Behavioral Symptoms and Cognitive Performance (con't)

- ▶ If the resident has one of the preceding behavior symptoms they classify as Behavior Symptoms and Cognitive Performance and you would then proceed to Step #5, again the restorative nursing. If the resident did not present with the behavior symptoms or a cognitive impairment they would be in Category VII. Reduced Physical Functioning.

Behavioral Symptoms & Cognitive Performance

ADL SCORE	Restorative Nursing	Classification
2-5	2 or more	BB2
2-5	0 or 1	BB1
0-1	2 or more	BA2
0-1	0 or 1	BA1

Reduced Physical Function

- ▶ Residents who don't meet the conditions of any of the previous categories including those who would meet criteria for Behavioral Symptoms and Cognitive Performance but have a ADL score of greater than 5 are placed in this category.

Nursing Rehabilitation/ Restorative Care

- ✓ Urinary toileting/bladder program or
✓ bowel training program H0200C or
H0500
- ✓ *Passive or active ROM O0500A or
O0500B
- ✓ Splint or brace assistance O0500C
- ✓ *Bed mobility or walking training O0500D or
O0500F
- ✓ Transfer training O0500E
- ✓ Dressing or grooming training O0500G
- ✓ Eating or swallowing training O0500H
- ✓ Amputation/prosthesis care O0500I
- ✓ Communication training O0500J

ADL SCORE	Restorative Nursing	Classification
15-16	2 or more	PE2
15-16	0 or 1	PE1
11-14	2 or more	PD2
11-14	0 or 1	PD1
6-10	2 or more	PC2
6-10	0 or 1	PB2
2-5	2 or more	PB1
2-5	0 or 1	PB1
0-1	2 or more	PA2
0-1	0 or 1	PA1

Appeal Process

- MDS on each resident is transmitted electronically to the Department of Human Services (DHS)
- DHS establishes the classification and electronically submits the resident notification to the NF
- By law, the NF must distribute the notice to the resident and mail or deliver the notice to the resident's representative within 3 business days of receipt from DHS

Appeal process (con't)

- ▶ The resident's representative or NF may appeal the classification in writing to DHS within 30 days of the receipt of the notice. The representative may also provide documentation related to the appeal.
- ▶ The time period begins on the date the notice is delivered to the resident, or mailed or delivered to the resident's representative, whichever is latest. NOT THE DATE OF THE ASSESSMENT.
- ▶ Upon receipt of appeal request, which should identify the resident's social security number, DHS requests POA documentation, after receiving POA documentation, the Department requests documentation used to support the MDS and subsequent classification.

Appeal Process (con't)

- Appeal decision is based on documented evidence of the payment elements and look-back period that established the classification.
- DHS has 15 business days from receipt of the appeal request to make a decision.
- The resident and NF must be notified within 5 days after the decision is made.
- The appeal determination is the final administrative decision of DHS and that decision may be appealed to District Court.

Forms for Appeal Process

- Forms can be found at:
- <http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-all.html>
- Assigning the Classification Guide
- MDS Appeal Request Form