Win, Lose or Draw: Case Mix Leadership

Presented by:

HARMONY UNIVERSITY

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Harmony Healthcare International, Inc.

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Win, Lose or Draw: Case Mix Leadership

- **Disclosures**: The planners and presenters of this educational activity have no relationship with commercial entities or conflicts of interest to disclose
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Disclosure

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- The speakers have no relevant financial relationships to disclose
- The speakers have no relevant nonfinancial relationships to disclose

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Criteria for Successful Completion

- Complete Sign-in and Sign-Out on Attendance Form
- Attendance for entire session
- Completion and submission of speaker evaluation form.

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Objectives

- The leaner will be able to identify requirements for scheduling OBRA MDS Assessment for Case Mix
- The leaner will be able to identify ADL documentation strategies
- The leaner will be able to identify Rehabilitation Case Management strategies for clinically appropriate placement in RUG-III and RUG-IV classification categories
- The leaner will be able to identify Nursing RUG-III and RUG-IV Qualifiers

Housekeeping

- Sign In
- Contact Hours Certificate
- A Little About Us
- Handouts
- Contact Information for Questions

RUG Grouper

RUG Grouper

- RUG-III or RUG-IV
  - Number of RUGs in Grouper 34, 48, 53…
- Each state has a specific RUG grouper that determines the RUG

Where Are You From?

- **RUG-III 34 States:**
  - Colorado
  - Georgia
  - Idaho
  - Hawaii
  - Iowa
  - Kansas
  - Kentucky
  - Louisiana
  - Mississippi
  - Montana
  - Nebraska
  - Nevada
  - New Hampshire
  - New Jersey
  - North Carolina
  - North Dakota
  - South Dakota
  - Texas
  - Utah
  - Virginia
  - West Virginia

Where Are You From?

- **RUG-III 44**
  - Pennsylvania Maine
- **RUG-III 53**
  - New York Indiana
- **RUG-IV 48**
  - Illinois Minnesota Wisconsin Vermont
  - Rhode Island Massachusetts (4/2014?)
- **RUG-IV 57**
  - Washington

Case Mix Theory

Case Mix Theory

- 36 plus states currently use MDS based Case-Mix system
- Theory of value
  - Manage/control expenses
  - Correlates to acuity (partially) with reimbursement
  - Promote efficiency
  - Incentives higher acuity admissions
  - Pay Higher Rates for Higher Acuity

Understanding Snapshot Dates

- Resident specific payment based on most recent MDS
  - **No Snapshot** date and no average CMI
  - Maine, RI
- Each state has a **range** for the allowable ARDs that will be in the snapshot
  - Most Recent OBRA assessment in last 92 days coded as Medicaid
  - Some use most recent including PPS
  - Based on ARD in most states
  - Some base on Completion Date (GA)

Which MDS ?

- The most recent OBRA assessment coded as Medicaid
  - Some take most recent even if Medicare
  - Some have no general rule (ME)
  - Many use Medicare to factor in an off set factor in the rate
- Some states require Medicaid is coded as payer
  - Not on MDS 3.0. May require a Medicaid number in Section A
  - State specific Section S coded as Medicaid

Snapshot

- The **snapshot date** is the date that assessments are "culled" from the state data base to determine the Average CMI:
  - Quarterly versus 6 months
    - NH, NY 6 month
    - Vermont, WI quarterly
    - New Jersey is a rolling window that changes

Understanding Snapshot Dates

- Midnight Census on the snapshot date will be the final determination
- Payer verified by the facility
- Data "culled" by the state MDS database
  - After correction period
  - After new admission time frames

Average CMI

- Some states weigh each facility's CMI to other facility's:
  - Share a pool of money
  - If your facility does well than another facility may lose many
  - New Hampshire

CMI

- Each RUG is assigned a Case Mix Index (CMI) value
- Resources Utilized
- Based on 1.0 as an average acuity
- Values may change after each snapshot
- Reflect the actual state average

CMI

- The hierarchy of rates is different for each state grouper
  - NH: RUG-III; SSC is higher than RAC
  - NY RUG-III; CC2 is higher than SSC
  - RI RUG-IV: LB1 is higher than CB2

Hierarchical Versus Index Maximizing

- Hierarchical Classification
  - Used in some payment systems, in staffing analysis and in many research projects
  - You start at the top and work down through the RUG-III model
  - When you find the first of the 53 individual RUG-III groups for which the resident qualifies, then assign that group as the RUG-III classification and you are finished

Hierarchical Versus Index Maximizing

- Index Maximizing Classification
  - Used in Medicare PPS and most Medicaid payment systems
  - Designated Case Mix Indices (CMI) for each RUG group
  - The first step: Determine all of the RUG groups for which the resident qualifies
  - Then choose the RUG group that has the highest case mix index
  - Simply chooses the group with the highest index

Hierarchical Versus Index Maximizing

- While illustrating the hierarchical classification model, it can be adapted for index maximizing
- Evaluate all classification groups
- Ignoring instructions to skip groups and noting each group for which the resident qualifies
- Record the CMI for each of these groups
- Select the group with the highest CMI

State RUG-IV 48 (WI) CMI

RUG	CMI	RUG	CMI	RUG	CMI	RUG	CMI	RUG	CMI
ES3	3.00	LD2	1.54	CE1	1.25	LC1	1.02	CA2	0.73
ES2	2.23	HE1	1.47	PE2	1.25	CC1	0.96	PB2	0.70
ES1	2.22	CE2	1.39	HC1	1.23	LB1	0.95	CA1	0.65
HE2	1.88	RAC	1.36	HB1	1.22	CB2	0.95	PB1	0.65
HD2	1.69	HD1	1.33	PE1	1.17	PC2	0.91	BA2	0.58
RAE	1.65	LC2	1.30	CD1	1.15	CB1	0.85	BA1	0.53
LE2	1.61	CD2	1.29	PD2	1.15	RAA	0.82	PA2	0.49
RAD	1.58	LE1	1.26	RAB	1.10	BB2	0.81	PA1	0.45
HC2	1.57	LD1	1.21	CC2	1.08	PC1	0.85	AAA	0.45
HB2	1.55	LB2	1.21	PD1	1.06	BB1	0.75		

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State RUG-III 34 (NH) CMI

RUG	CMI	RUG	CMI	RUG	CMI	RUG	CMI
SE3	1.9221	RAB	1.1182	IB2	0.8173	PB1	0.5888
SE2	1.57771	CB2	1.0597	BB2	0.8036	PA2	0.5644
RAD	1.5020	CB1	0.9812	PC2	0.7893	BA1	0.5509
SE1	1.3590	CA2	0.9628	IB1	0.7892	PA1	0.5383
SSC	1.3158	RAA	0.9608	BB1	0.7634	AAA	0.5383
CC2	1.3158	PE2	0.9462	PC1	0.7507		
SSB	1.2219	PE1	0.9234	IA2	0.6660		
RAC	1.1923	PD2	0.8601	BA2	0.6501		
CC1	1.1595	CA1	0.8572	IA1	0.6193		
SSA	1.1492	PD1	0.8421	PB2	0.5959		

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Default

- If an MDS is not transmitted the default RUG will apply.
  - PA1
  - BB1
- States may have a penalty for an assessment that is completed and or submitted later than the due date

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MDS Scheduling

Assessment Reference Date (ARD)

- Drives due date
- **"Observation" or "Look Back Period"** is the time period over which the resident's condition or status is captured.
- Common point in time for all questions.
- Includes 11:59 p.m. on ARD
- Different look back periods for questions
  - Only those occurrences during the look back period will be captured

Assessment Reference Date (ARD)

- Schedule is set each quarter as a Master Schedule
  - 12 Week
  - 90 Days
  - 87 Days
- Flexibility is needed to select the best date that represents resources utilized by the resident

OBRA MDS schedule

- MDS Assessments
  - Admission (comprehensive)
  - Quarterly
  - Annual (comprehensive)
  - Significant Change (SCSA) (comprehensive)

ARD Requirements

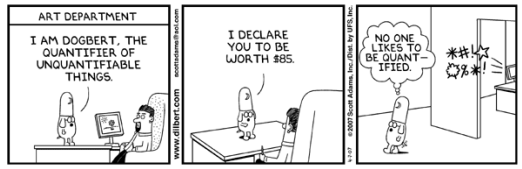
- Review schedule and select best ARD.
  - Interviews needed so may have lost opportunity if unable to schedule interviews
  - Assessments may be completed early but NEVER late
- Potential State Deficiency even with 1 late ARD

Frequency of Quarterlies

- The Quarterly assessment is an OBRA non-comprehensive assessment for a resident that must be completed **at least** every 92 days following the previous OBRA assessment of any type
- Federal requirements dictate that, at a **minimum**, three Quarterly assessments be completed in each 12-month period

RUG Grouper Elements

RUG Determination



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RUG-III

- Seven major categories
  - Rehabilitation which has five subcategories
  - Extensive Services
  - Special Care
  - Clinically Complex
  - Impaired Cognition
  - Behavioral Symptoms
  - Reduced Physical Function

RUG-IV

- Seven major categories
  - Rehabilitation which has five subcategories
  - Extensive Services
  - Special Care High
  - Special Care Low
  - Clinically Complex
  - Behavior Symptoms and Impaired Cognition
  - Reduced Physical Function

RUG Grouper

- May have their own additional criteria requirements
  - Maine Extensive Services Traumatic Brain Injury (section I)= SE. End split is based on ADL. SE3 15-18, SE2 10-14 SE1 7-9
  - Aphasia=Clinically Complex
- May be similar to Federal/Medicare but different
  - **Very** High Rehabilitation: **450** minutes or more of therapy per week

RUG Grouper

- Section S of MDS is state Specific and may impact case mix
  - NY Dementia
  - Each State has their own Section S requirements not found in the RAI User's Manual

RUG Grouper

Know the specific clinical requirements for the state specific grouper!

Common Grouper Elements: Activities of Daily Living

ADL

- Factors in to **all** RUGS
- End split
  - RMC versus RMA/RAA versus RAC
  - LE2 versus LD2/CC1 versus CA2
- RUG Requirement
  - Minimum ADL to add Extensive
  - Minimum ADL to meet category

Late Loss ADLs

- There are eleven ADLs that are listed on the Minimum Data Set or MDS. They are:
  - Bed mobility
  - Transfers
  - Walk in room
  - Walk in corridor
  - Locomotion on unit
  - Locomotion off unit
  - Eating
  - Dressing
  - Toilet use
  - Personal hygiene
  - Bathing

Late Loss ADLs

- Four of these are considered "late loss ADLs" meaning that people retain their functional ability in these four areas the longest. The four late loss ADLs are bed mobility, transfers, eating and toilet use.

BETT

- **B**ed mobility (G0110A)
- **E**ating (G0110H)
- **T**ransfer (G0110B)
- **T**oilet use (G0110I)

ADL Self Performance

- Rule of 3
  - Weight-bearing support 3 or more times Extensive Assist
  - Non weight-bearing support 3 or more times code Limited Assist
- Code resident's performance, not capacity
- Code resident's performance not facility policy

Self Performance = 0 (Independent)

- The resident completed activity with no help or oversight

Self Performance = 1 (Supervision)

- Oversight, encouragement, or cueing was provided

Self Performance = 2 (Limited Assistance)

- Resident was highly involved in activity and received physical help in guided maneuvering of limb(s) or other non-weight-bearing assistance

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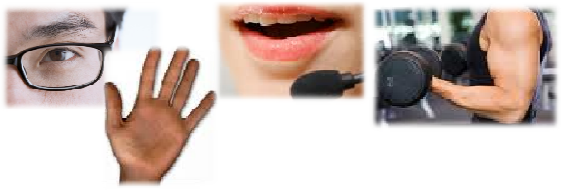
Self Performance = 3 (Extensive Assistance)

- Weight-bearing support provided
- Full staff performance of activity during part but not all of the activity



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Self Performance = 4 (Total Dependence)

- Full staff performance of an activity with **no participation by the resident** for any aspect of the ADL activity
- The resident **must be unwilling or unable** to perform any part of the activity

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Self Performance = 8 or & (Activity Did Not Occur)

- 8 =The **ADL activity (or any part of the ADL) was not performed by the resident or staff at all**
  - **7=1 or 2 Times**
- Use this code **if family or non-facility staff provided the care**
- For example:
  - The resident was on bed rest so transfer did not occur
  - The resident was NPO in preparation for a test therefore got no food or fluids
  - The resident is non-ambulatory therefore walking on the unit did not occur

ADL Support

- 0 = no setup or physical help from staff
- 1 = setup help only
- 2 = one person physical assist
- 3 = two+ person physical assist
- 8 = ADL did not occur

ADL Support

- **ADL Support Provided:** Code for the ***most support provided over the entire shift***
  - No Support
  - Set up help only
  - One person physical assist
  - Two or more provided physical assist
  - Activity itself did not occur during entire shift

RUG-IV ADL-Step 1

Calculate for Bed Mobility, Transfer and Toilet Use

Self-Performance Column 1	Support Column 2	ADL Score
-,0,1,7 or 8	Any number	0
2	Any number	1
3	2	2
4	2	3
3 or 4	3	4

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RUG-IV ADL-Step 2

Calculate for Eating

Self-Performance Column 1	Support Column 2	ADL Score
-,0,1,2, 7 or 8	-,0, 1,8	0
1,2, 7	2	2
3	2	3
4	2	4

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RUG-III ADL-Step 1

Calculate for Bed Mobility, Transfer and Toilet Use

Self-Performance Column 1	Support Column 2	ADL Score
7,0,1	Any number	1
2	Any number	2
3	2	3
4	2	3
8, 3 or 4	3, 8	5

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RUG-III ADL-Step 2

Calculate for Eating

Self-Performance Column 1	Support Column 2	ADL Score
0,1,2	-,0, 1,8	1
2	2	2
3	2	3
4	2	3

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What is a Subtask?

- A **component (or part)** of the activity
- Subtasks of **Toilet Use** include:
  - Transferring on/off toilet
  - Cleansing self after elimination
  - Changing pads/briefs
  - Managing ostomy or catheter
  - Adjusting clothes

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Bed Mobility

- Subtasks of **Bed Mobility** include:
- How resident moves to and from:
  - Lying position
  - Turns side to side
  - Positions body while in bed

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Transfer

- Subtasks of **Transfer** include:
- How the resident moves between surfaces to/from:
  - Bed
  - Chair
  - Wheelchair
  - Standing position (exclude to/from bath and toilet)

Eating

Eating

- Subtasks of **Eating** include:
  - Eating.
  - Drinking
  - How the resident eats and drinks (regardless of skill).
  - Includes intake of nourishment by other means, such as:
    - Tube feeding
    - Total parenteral nutrition

Documentation Tips

- Code care also observed/reported as provided by other individuals who are on the staff (or contract staff) of the facility
- If the care is provided by family or other non-facility staff for the entire shift, use the code of "8"

Documentation Tips

- Flowsheet/Trackers reflect the care received by the patient
- It is a must that documentation accurately reflects the true amount of staff time/resources required for the care of the patients

Documentation Tips

- Behaviors, agitation or inability to follow commands which require staff to "touch" or "make physical contact" with the patient is a physical assist in the identified task
- Determine if assistance was provided with any ADL tasks such as physical assist or tactile cues with transfers, bed mobility, eating or toileting

Documentation Tips

- An example includes lifting the residents hand to place at the edge of the bed in order to rise for transfer or lifting the resident's foot off the wheelchair pedal in order to transfer
- Both are examples of **Extensive Assistance**

Documentation Tips

- Does the resident require any hands on assistance to start a task due to difficulty with attention, task segmentation or inability to follow verbal cues?
- An example includes lifting the resident's hand with a cup in it towards the mouth in order to initiate the task of drinking
- This is an example of **Extensive Assist** even if the patient completes the meal independently after getting started

Documentation Tips

- An agitated or aggressive patient may require 2 staff members to provide care for the overall safety of patient and staff
- A patient may "sundown" and require more hands on assist later in the evening

Documentation Tips

- Rehabilitation patients may have pain or increased fatigue following therapy programs and thus require more help
- A patient may be quite capable of performing a task but due to depression or anxiety may lack motivation or become fearful of participating

Common Grouper Elements: Extensive Services

Skilled Procedures: Section O Coding

- 14 Day Look Back
- While a Resident
  - Includes Emergency Room without Acute Care hospital Admission
  - Includes Outpatient Services
- While Not a resident
  - Prior to admission or readmission

RUG IV: Extensive Services

- Tracheostomy care
- Ventilator/respirator
- Isolation for active infectious disease while a resident
- ES3 ES2 ES1

RUG-IV: Extensive Services

- Tracheostomy care* **and** ventilator/respirator* ES3
- Tracheostomy care* **or** ventilator/respirator* ES2
- Infection isolation* **without** tracheostomy care* **without** ventilator/respirator* ES1

***while a resident**

RUG-IV: Isolation or Quarantine

- **O0100M:** Isolation or quarantine for active infectious disease does not include standard body/fluid precautions
  - Code only when the resident requires **strict isolation** or **quarantine <u>alone</u>** in a **separate room** because of active infection; (i.e., symptomatic and/or have a positive test and are in the contagious stage) with a communicable disease in an attempt to prevent spread of illness

RUG-III: Extensive Services

- Extensive Services qualification based on ADL Sum 7 or greater and one of the following services:
  - IV feeding in last 7 days (Section K)
  - IV medications in last 14 days (Section O)
  - Suctioning in last 14 days (Section O)
  - Tracheostomy care in last 14 days (Section O)
  - Ventilator/respirator in last 14 days (Section O)

RUG-III: IV Hydration

- K0510A1 and K0510A2 includes any and all nutrition and hydration received by the nursing home resident in the last **7 days provided they were administered for nutrition or hydration**
- **"Supporting documentation** that reflects the need for additional fluid intake specifically addressing a nutrition or hydration need. This supporting documentation should be noted in the resident's medical record according to State and/or internal facility policy."
- Meets RUG IV Special Care High Requirements versus Extensive

RUG-III: Extensive Services

- Non-Therapy Extensive
  - SE1
  - SE2
  - SE3
- Rehab Extensive
  - R_X
  - R_L

RUG-III: Extensive Services Count

- RUG-III **Non-Therapy** SE Count:
  - Parenteral IV – K5A = 1
  - IV Medication – P1ac = 1
  - Special Care = 1
  - Clinically Complex = 1
  - Impaired Cognition = 1

RUG-III: Extensive Services Count

Extensive Count	RUG-III Class
4 or 5	SE3
2 or 3	SE2
0 or	SE1

Extensive Services Documentation

- Facility Medication Administration Records for IV Medication and IV Hydration
- Hospital Medication Administration Records for IV Medication and IV Hydration
- Emergency Room Records
- Hospital documentation evidencing actual administration of for IV Medication and IV Hydration

Common Grouper Elements: Rehabilitation Services

Single Level Rehabilitation

- Rehab 150 Minutes **and** 5 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days

OR

- 45 Minutes and 3 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days AND at least 2 nursing rehabilitation services

Rehabilitation Low RUG-III & IV

- Rehab Low requires coordination of Rehab and Restorative Nursing Services
- Most Restorative Nursing programs are initiated **after** Rehab discontinues
  - Restorative occurs at the **same** time as rehab 3 days per week
  - May be different therapy disciplines

Rehabilitation

- ADL Splits
  - RAE
  - RAD
  - RAC
  - RAB
  - RAA

Multiple RUG Levels

- **Ultra High Intensity Criteria:**
  - 720 minutes or more (total) of therapy per week **AND**
  - At least two disciplines, 1 for at least 5 days, **AND**
  - 2nd for at least 3 days
- **Very High Intensity Criteria:** In the last 7 days:
  - 500 minutes or more (total) of therapy per week **AND**
  - At least 1 discipline for at least 5 days

Multiple RUG Levels

- **High Intensity Criteria** (either (1) or (2) below may qualify)
  - 325 minutes or more (total of therapy per week **AND** At least 1 discipline for at least 5 days
- **Medium Intensity Criteria** (either (1) or (2) below may qualify)
  - 150 minutes or more (total) of therapy per week **AND a**t least 5 days of any **combination** of the 3 disciplines

Multiple RUG Levels

- **Low Intensity Criteria** (either (1) or (2) below may qualify):
  - (45 minutes or more (total) of therapy per week **AND** At least 3 days of 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

Rehabilitation Case Management

- Key concepts include:
  - 5 times per week for Medicare Part B.
  - Rehab Low with Restorative Program.
  - Quarterly screens **3 weeks prior to quarterly MDS**.
  - Communication to MDS to schedule MDS when therapy evaluations occur. May be an early quarterly or Significant change.

Extensive Rehabilitation

- Extensive Rehab
  - NY, IN included
  - Not included RI, NH, MA
- ARD selection must consider the Extensive Services and Rehabilitation

Common Grouper Elements: Depression

Depressive Indicators

- **Depression End Splits:** Signs and symptoms of depression are used as a third-level split for:
  - RUG-IV **Special Care High/Low** and **Clinically Complex** categories
    - HE2 versus HE1
  - RUG-III Clinically Complex
    - CA2 versus CA1

Depressive Indicators

- D0300 PHQ-9 Total Severity Score is greater than or equal to 10 but not 99

or

- D0600 PHQ-9 Total Severity Score is greater than or equal to 10

Depressive Indicators

- PHQ-9 Interview:
  - Accurate completion per RAI User's Manual requirements in optimal environment
  - Staff Assessment when criteria met

Common Grouper Elements: Nursing Qualifiers

Respiratory Treatment

- 7 Day Look Back
- 7 Days provided greater than 15 Minutes
- **RUG-IV**
  - Special Care High with ADL 2 or greater
  - Clinically Complex with ADL 0-1
- **RUG-III**
  - **Special Care with ADL 7 or Greater**
  - **Clinically Complex with ADL less than 7**

Respiratory Treatment

- **"**Services that are provided by a qualified professional (respiratory therapists, respiratory nurse). Respiratory therapy services are for the **assessment, treatment, and monitoring** of patients with deficiencies or **abnormalities of pulmonary function.**"
- "Respiratory therapy services include coughing, deep breathing, heated nebulizers, aerosol treatments, assessing breath sounds and mechanical ventilation, etc., which must be provided by a respiratory therapist or trained respiratory nurse"

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Respiratory Treatment

- "A respiratory nurse must be proficient in the modalities listed above either through formal nursing or specific training and may deliver these modalities as allowed under the state Nurse Practice Act and under applicable state laws"

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Section I: Accurate Diagnosis Coding

- Coma, MS , CP, Hemiparesis, Quadriplegia (III/IV)
- Septicemia, Pneumonia (III/IV)
- (III/IV)
- Parkinson's (IV)
- COPD **and** shortness of breath while lying flat (IV)
- Dehydration (III)
- Internal Bleed (III)

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Diabetes

- Diabetes with **and 7 days injections:**
  - RUG IV: 7 days insulin injection AND **Insulin** order changes last **7** days on 2 or more days
  - RUG: III: 7 days any injection AND **any** physician order changes on 2 or more days in last 14 days

Fever

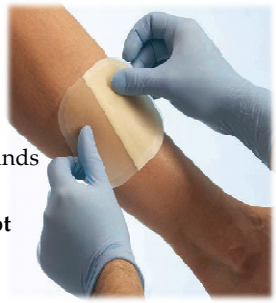
- RUG III/IV: Fever (2.4 degrees above baseline) and:
  - **P**neumonia
  - Tube feed
  - Vomiting
  - Weight loss
- Fever and Dehydration (RUG III only)

Skin

- RUG III/IV with 2 or more skin treatments:
  - 2 or more venous/arterial ulcers; or
  - 1 Stage II pressure ulcer and 1 venous/arterial ulcer
  - 2 or more Stage II pressure ulcers; or
  - 1 or more Stage III or Stage IV pressure ulcers
  - Unstageable Ulcer due to eschar
- 2 Stage I s (RUG-III **only**)

Skin

- RUG III/IV:
  - Burns
  - Surgical wound
  - Open lesion
  - Foot infection/wounds
  - Diabetic foot ulcer
  - Open lesion on **foot**



Skilled Procedures

- While a Resident RUG IV
  - In House, ED Visits, Outpatient
- Either While or While not a Resident for RUG-III
  - Provided at acute upon return from Acute
  - In House, ED Visits, Outpatient

Skilled Procedures

- Following Special Procedures:
  - Radiation therapy, Chemotherapy or dialysis (III/IV)
  - Tube feeding (III/IV)
  - Oxygen therapy (III/IV)
    - **Respiratory failure** and oxygen therapy (IV)
  - Transfusions (III/IV)
  - IV medication (III/IV

Behavior-Cognition

- **Behavioral Systems and Cognitive Performance Category**
  - Behavior and cognitive combined for RUG IV; Separate RUG-III
  - ADL Score 5 **or less for RUG-IV**
  - **ADL Score of 10 or Less RUG-III**
  - **This is a high functioning resident**
  - A BIMS score of less than or equal to 9 will meet the criteria for cognitive impairment.

Behavior

- E0100A Hallucinations
- E0100B Delusions
- E0200A Physical behavioral symptoms directed toward others (2 or 3)
- E0200B Verbal behavioral symptoms directed toward others (2 or 3)
- E0200C Other behavioral symptoms not directed toward others (2 or 3)
- E0800 Rejection of care (2 or 3)
- E0900 Wandering (2 or 3)

Reduced Physical

- No other criteria met

Restorative End Split

- Reduced Physical/Behavioral/Cognitive
- End Split is restorative nursing 6 days in **2** areas

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Restorative End Split

- Count the number of the following restorative services provided for 15 or more minutes a day for 6 or more of the last 7 days:
  - H0200C, H0500** Urinary toileting program and/or bowel toileting program
  - O0500A,B** Passive and/or active ROM
  - O0500C Splint or brace assistance
  - O0500D,F** Bed mobility and/or walking training

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Restorative End Split

- Restorative (continued)
  - O0500E Transfer training
  - O0500G Dressing and/or grooming training
  - O0500H Eating and/or swallowing training
  - O0500I Amputation/prostheses care
  - O0500J Communication training

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Restorative End Split

- **Maintaining** independence in activities of daily living and mobility is critically important to most people
  - Functional decline can lead to depression, withdrawal, social

Restorative End Split

- Restorative nursing program refers to nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible. This concept actively focuses on achieving and maintaining optimal physical, mental, and psychosocia functioning.

Restorative End Split

- Restorative needs, but is not a candidate for formalized rehabilitation
- Upon discharge from therapy
- In conjunction with formalized rehabilitation therapy
  - Restorative (therapy 3 Days 15 minutes and Restorative Nursing 6 Days in 2 Areas)
  - Meets Rehab RUG criteria

Restorative Nursing Program Defined

- The following criteria for restorative care must be met:
  - **Measurable objective and interventions** must be documented in the care plan and in the medical record
  - Evidence of periodic evaluation by the **licensed nurse** must be present in the medical record

Restorative Nursing Program Defined

- RN/LPN Supervision
  - State specific
  - Minimum 30 Days
- Does not include groups with more than **four** residents per supervision helper or caregiver
- Evidence of Restorative Nursing Aid training

Case Mix Concepts Strategies for Success

Strategies for Success

- ARD Management
- ADL Coding
- Rehab Case Management
- Know the Qualifiers (Hot Lists)
- Admissions
- Track Clinical Changes

ARD Management

- Review schedule and select best ARD.
  - Interviews needed so may have lost opportunity if unable to schedule interviews
  - Assessments may be completed early but NEVER late
    - Potential State Deficiency even with 1 late ARD
- Flexibility in ARDs
- Communication between discipline to meet all RAI requirements

ARD Management

- Exhausted benefit while on rehab
  - New admit and on rehab through day 100 Medicare
  - Schedule Quarterly assessment with ARD day after Medicare ends to capture rehab
  - Rehab needs to coordinate ARD and minutes
  - Easier to combine with 90 day PPS but will not be in Case Mix

ADL Accuracy

- ***Assess ADL status*** and clarify any ADL inconsistencies with staff
- Number of **episodes** versus shifts
- MDS Language
  - Transition from ADLs MMQ **after** last turn around date confirmed by Massachusetts !
  - Positioning equates to Bed Mobility
- Nursing Notes
- Education

Rehabilitation

- In states where Rehab is in the case mix, Rehab is frequently the highest CMI
- Key concepts include:
  - 5 times per a week for Part B
  - Rehab Low with Restorative
  - Quarterly screening 3 weeks prior to quarterly MDS
  - Communication to MDS to schedule MDS when therapy evaluations occur. May be an early quarterly or Significant change

RUG Qualifiers

- Documentation of:
  - Respiratory Treatment
  - COPD and SOB while flat
  - IV Hydration
  - Fever
- Accuracy of Diagnosis:
  - Hemiparesis versus CVA with weakness

Hot Lists

- RUG Qualifiers
- Diagnoses
- Physician Visits/Orders
- Baseline Temperatures
- Therapy Services
- IV Therapy

Admissions

- Schedule Medicaid Admission MDS ARD based on Acuity:
  - ARD, completion and CAAs by day 14.
    - Coordination of care-Respiratory Treatment 7 days, Rehab
  - RUG qualifiers
    - NH while not a resident
    - MN While a resident
    - MA?
    - IVF not addressed with addition of 2 columns

Clinical Changes

- Communication with Direct Care Staff:
  - ED visits or hospitalization less than 3 days. May also be exhausted benefit.
  - Skin
  - Respiratory changes
  - ADL decline (CNA/LNA)
  - Falls
  - Acute illness
  - Orders and visits (RUG-III NH,NY)

Clinical Changes

- Acute conditions such as vomiting, respiratory changes, increased pain, changes in behaviors, falls or any other unusual occurrences
- Fevers should be monitored closely especially after a vomiting episode. Any acute condition should be monitored every shift with an entry in the nursing notes for 24 hrs or per facility policy.

Case Mix Documentation

- Documentation for the long-term care residents is not usually performed on a daily or even weekly basis
- When an acute condition arises it is important for the nursing staff to track and document
- Increase documentation of current status during ARD window

Lower 14 (RUG-IV) or 18 (RUG-III)

- Restorative Program
- Close Monitoring and Communication
- Must have program in place per RAI manual criteria
  - Some states require RN or certified restorative nurse

Depressive Indicators

- PHQ-9 Interview:
  - Accurate completion per RAI requirements in optimal environment
  - Staff Assessment when criteria met

RUG Categorization

- Now you can look at your playing card.
- Which category would the qualifier on your card capture?
- Are there other components you would need to capture the RUG category?

Win, Lose or Draw

- Now, Let's test your Case Mix game skills……
- Answer the question correctly and you Win, If the answer is wrong and someone else wants to help out shout "Draw!" to answer

Win, Lose or Draw?

Is this Extensive Assist?

YES!!!

Win, Lose or Draw

Only Quarterly assessments affect Case Mix?

Annuals and Significant Change and even PPS in some states!

Win, Lose or Draw

The ARD sets the look back for all MDS questions?

Yes, although the *length* of look back period may vary

Win, Lose or Draw

Some assessments can be done late or early, depending on ARD?

Never late, not even one day

Win, Lose or Draw

ADLs are documented correctly most of the time?

No, ADL

documentation is usually under coded and requires routine education for accuracy

Win, Lose or Draw

The average CMI score is?

1.0

Win, Lose or Draw

An effective practice to minimize functional decline, maintain Quality of Life and potentially optimize Case Mix is?

Routine Rehab screens, consider quarterly

What's the card up your sleeve?

Share with the group how you Manage your Case Mix

References

- CMS MDS 3.0 RAI Manual v1.11

Questions/Answers

- Harmony Healthcare International
- 1 (800) 530 – 4413
- jsadewicz@Harmony-Healthcare.com

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Have you Considered a Customized Complimentary HARMONY(HHI) MEDICARE PROGRAM EVALUATION

or

CASE MIX ANALYSIS

for your Facility?

Perhaps your facility has potential for additional revenue

Assess your facility against key indicators and national norms

Email us at for more information

RUGS@harmony-healthcare.com

Analysis is cost & obligation free

Win, Lose or Draw: Case Mix Leadership

HARMONY UNIVERSITY
The Provider Unit of Harmony Healthcare International, Inc.
Presented by:
Joyce Sadewicz, PT, RAC-CT,
Fields Operations and Regional Consultant
Kerri Dutton, RN, MSN
Regional Consultant

Speaker Bio (Joyce Sadewicz)

- Field Operations and Regional Consultant for Harmony Healthcare International, Inc.
- Education
  - Bachelor of Science in Physical Therapy from Russell Sage College and Albany Medical School
- Extensive knowledge in reimbursement and management of patient care
- Clinical Case Manager
- MDS and reimbursement in a PPS environment
- Knowledge of the RAI process in the Medicare PPS setting as well as the Case Mix setting
- Experience
  - Over 15 years of experience in Physical Therapy, working with neurologically impaired children and adolescents
  - Invaluable Physical Therapy experience working in acute care a city hospital with an active inpatient and outpatient program as well as a regional burn center and trauma unit
  - Manager of the Physical and Occupational Therapy Departments
  - Manager of the Work Tolerance Center, an outpatient work-hardening program
  - Manager of 40 rehab personnel with a combined budget of $1.5 million in a 440 bed acute care setting with multiple outpatient sites
  - Rehabilitation Manager in a long-term care facility

Speaker Bio (Kerri Dutton)

- Regional Consultant for Harmony Healthcare International, Inc.
- Kerri has over 20 years experience in the Long-Term Care industry:
  - Former Director of Nurses
  - Extensive knowledge of the RAI process
  - Proficient in State and Federal regulations
  - Excellent track record for improving survey, organizational, quality and financial indicators

Win, Lose or Draw: Case Mix Leadership

- **Disclosures**: The planners and presenters of this educational activity have no relationship with commercial entities or conflicts of interest to disclose
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  - Christine Twombly, RNC, RAC-MT, LHRM
- **Presenters:**

Joyce Sadewicz, PT, RAC-CT,
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Kerri Dutton, RN, MSN, Regional Consultant

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Win, Lose or Draw: Case Mix Leadership
Disclosure

Speakers:
Joyce Sadewicz, PT, RAC-CT
Kerri Dutton, RN, MSN

- The speakers have no relevant financial relationships to disclose
- The speakers have no relevant nonfinancial relationships to disclose

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Win, Lose or Draw: Case Mix Leadership

Criteria for Successful Completion

- Complete Sign-in and Sign-Out on Attendance Form
- Attendance for entire session
- Completion and submission of speaker evaluation form.

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Objectives

- The leaner will be able to identify requirements for scheduling OBRA MDS Assessment for Case Mix
- The leaner will be able to identify ADL documentation strategies
- The leaner will be able to identify Rehabilitation Case Management strategies for clinically appropriate placement in RUG-III and RUG-IV classification categories
- The leaner will be able to identify Nursing RUG-III and RUG-IV Qualifiers

Housekeeping

- Sign In
- Contact Hours Certificate
- A Little About Us
- Handouts
- Contact Information for Questions

RUG Grouper

RUG Grouper

- RUG-III or RUG-IV
  - Number of RUGs in Grouper 34, 48, 53…
- Each state has a specific RUG grouper that determines the RUG

Where Are You From?

- **RUG-III 34 States:**
  - Colorado
  - Georgia
  - Idaho
  - Hawaii
  - Iowa
  - Kansas
  - Kentucky
  - Louisiana
  - Mississippi
  - Montana
  - Nebraska
  - Nevada
  - New Hampshire
  - New Jersey
  - North Carolina
  - North Dakota
  - South Dakota
  - Texas
  - Utah
  - Virginia
  - West Virginia

Where Are You From?

- **RUG-III 44**
  - Pennsylvania Maine
- **RUG-III 53**
  - New York Indiana
- **RUG-IV 48**
  - Illinois Minnesota Wisconsin Vermont
  - Rhode Island Massachusetts (4/2014?)
- **RUG-IV 57**
  - Washington

Case Mix Theory

Case Mix Theory

- 36 plus states currently use MDS based Case-Mix system
- Theory of value
  - Manage/control expenses
  - Correlates to acuity (partially) with reimbursement
  - Promote efficiency
  - Incentives higher acuity admissions
  - Pay Higher Rates for Higher Acuity

Understanding Snapshot Dates

- Resident specific payment based on most recent MDS
  - **No Snapshot** date and no average CMI
  - Maine, RI
- Each state has a **range** for the allowable ARDs that will be in the snapshot
  - Most Recent OBRA assessment in last 92 days coded as Medicaid
  - Some use most recent including PPS
  - Based on ARD in most states
  - Some base on Completion Date (GA)

Which MDS ?

- The most recent OBRA assessment coded as Medicaid
  - Some take most recent even if Medicare
  - Some have no general rule (ME)
  - Many use Medicare to factor in an off set factor in the rate
- Some states require Medicaid is coded as payer
  - Not on MDS 3.0. May require a Medicaid number in Section A
  - State specific Section S coded as Medicaid

Snapshot

- The **snapshot date** is the date that assessments are "culled" from the state data base to determine the Average CMI:
  - Quarterly versus 6 months
    - NH, NY 6 month
    - Vermont, WI quarterly
    - New Jersey is a rolling window that changes

Understanding Snapshot Dates

- Midnight Census on the snapshot date will be the final determination
- Payer verified by the facility
- Data "culled" by the state MDS database
  - After correction period
  - After new admission time frames

Average CMI

- Some states weigh each facility's CMI to other facility's:
  - Share a pool of money
  - If your facility does well than another facility may lose many
  - New Hampshire

CMI

- Each RUG is assigned a Case Mix Index (CMI) value
- Resources Utilized
- Based on 1.0 as an average acuity
- Values may change after each snapshot
- Reflect the actual state average

CMI

- The hierarchy of rates is different for each state grouper
  - NH: RUG-III; SSC is higher than RAC
  - NY RUG-III; CC2 is higher than SSC
  - RI RUG-IV: LB1 is higher than CB2

Hierarchical Versus Index Maximizing

- Hierarchical Classification
  - Used in some payment systems, in staffing analysis and in many research projects
  - You start at the top and work down through the RUG-III model
  - When you find the first of the 53 individual RUG-III groups for which the resident qualifies, then assign that group as the RUG-III classification and you are finished

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Hierarchical Versus Index Maximizing

- Index Maximizing Classification
  - Used in Medicare PPS and most Medicaid payment systems
  - Designated Case Mix Indices (CMI) for each RUG group
  - The first step: Determine all of the RUG groups for which the resident qualifies
  - Then choose the RUG group that has the highest case mix index
  - Simply chooses the group with the highest index

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Hierarchical Versus Index Maximizing

- While illustrating the hierarchical classification model, it can be adapted for index maximizing
- Evaluate all classification groups
- Ignoring instructions to skip groups and noting each group for which the resident qualifies
- Record the CMI for each of these groups
- Select the group with the highest CMI

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State RUG-IV 48 (WI) CMI

RUG	CMI	RUG	CMI	RUG	CMI	RUG	CMI	RUG	CMI
ES3	3.00	LD2	1.54	CE1	1.25	LC1	1.02	CA2	0.73
ES2	2.23	HE1	1.47	PE2	1.25	CC1	0.96	PB2	0.70
ES1	2.22	CE2	1.39	HC1	1.23	LB1	0.95	CA1	0.65
HE2	1.88	RAC	1.36	HB1	1.22	CB2	0.95	PB1	0.65
HD2	1.69	HD1	1.33	PE1	1.17	PC2	0.91	BA2	0.58
RAE	1.65	LC2	1.30	CD1	1.15	CB1	0.85	BA1	0.53
LE2	1.61	CD2	1.29	PD2	1.15	RAA	0.82	PA2	0.49
RAD	1.58	LE1	1.26	RAB	1.10	BB2	0.81	PA1	0.45
HC2	1.57	LD1	1.21	CC2	1.08	PC1	0.85	AAA	0.45
HB2	1.55	LB2	1.21	PD1	1.06	BB1	0.75		

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State RUG-III 34 (NH) CMI

RUG	CMI	RUG	CMI	RUG	CMI	RUG	CMI
SE3	1.9221	RAB	1.1182	IB2	0.8173	PB1	0.5888
SE2	1.57771	CB2	1.0597	BB2	0.8036	PA2	0.5644
RAD	1.5020	CB1	0.9812	PC2	0.7893	BA1	0.5509
SE1	1.3590	CA2	0.9628	IB1	0.7892	PA1	0.5383
SSC	1.3158	RAA	0.9608	BB1	0.7634	AAA	0.5383
CC2	1.3158	PE2	0.9462	PC1	0.7507		
SSB	1.2219	PE1	0.9234	IA2	0.6660		
RAC	1.1923	PD2	0.8601	BA2	0.6501		
CC1	1.1595	CA1	0.8572	IA1	0.6193		
SSA	1.1492	PD1	0.8421	PB2	0.5959		

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Default

- If an MDS is not transmitted the default RUG will apply.
  - PA1
  - BB1
- States may have a penalty for an assessment that is completed and or submitted later than the due date

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MDS Scheduling

Assessment Reference Date (ARD)

- Drives due date
- **"Observation" or "Look Back Period"** is the time period over which the resident's condition or status is captured.
- Common point in time for all questions.
- Includes 11:59 p.m. on ARD
- Different look back periods for questions
  - Only those occurrences during the look back period will be captured

Assessment Reference Date (ARD)

- Schedule is set each quarter as a Master Schedule
  - 12 Week
  - 90 Days
  - 87 Days
- Flexibility is needed to select the best date that represents resources utilized by the resident

OBRA MDS schedule

- MDS Assessments
  - Admission (comprehensive)
  - Quarterly
  - Annual (comprehensive)
  - Significant Change (SCSA) (comprehensive)

ARD Requirements

- Review schedule and select best ARD.
  - Interviews needed so may have lost opportunity if unable to schedule interviews
  - Assessments may be completed early but NEVER late
- Potential State Deficiency even with 1 late ARD

Frequency of Quarterlies

- The Quarterly assessment is an OBRA non-comprehensive assessment for a resident that must be completed **at least** every 92 days following the previous OBRA assessment of any type
- Federal requirements dictate that, at a **minimum**, three Quarterly assessments be completed in each 12-month period

RUG Grouper Elements

RUG Determination

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RUG-III

- Seven major categories
  - Rehabilitation which has five subcategories
  - Extensive Services
  - Special Care
  - Clinically Complex
  - Impaired Cognition
  - Behavioral Symptoms
  - Reduced Physical Function

RUG-IV

- Seven major categories
  - Rehabilitation which has five subcategories
  - Extensive Services
  - Special Care High
  - Special Care Low
  - Clinically Complex
  - Behavior Symptoms and Impaired Cognition
  - Reduced Physical Function

RUG Grouper

- May have their own additional criteria requirements
  - Maine Extensive Services Traumatic Brain Injury (section I)= SE. End split is based on ADL. SE3 15-18, SE2 10-14 SE1 7-9
  - Aphasia=Clinically Complex
- May be similar to Federal/Medicare but different
  - **Very** High Rehabilitation: **450** minutes or more of therapy per week

RUG Grouper

- Section S of MDS is state Specific and may impact case mix
  - NY Dementia
  - Each State has their own Section S requirements not found in the RAI User's Manual

RUG Grouper

Know the specific clinical requirements for the state specific grouper!

Common Grouper Elements: Activities of Daily Living

ADL

- Factors in to **all** RUGS
- End split
  - RMC versus RMA/RAA versus RAC
  - LE2 versus LD2/CC1 versus CA2
- RUG Requirement
  - Minimum ADL to add Extensive
  - Minimum ADL to meet category

Late Loss ADLs

- There are eleven ADLs that are listed on the Minimum Data Set or MDS. They are:
  - Bed mobility
  - Transfers
  - Walk in room
  - Walk in corridor
  - Locomotion on unit
  - Locomotion off unit
  - Eating
  - Dressing
  - Toilet use
  - Personal hygiene
  - Bathing

Late Loss ADLs

- Four of these are considered "late loss ADLs" meaning that people retain their functional ability in these four areas the longest. The four late loss ADLs are bed mobility, transfers, eating and toilet use.

BETT

- **B**ed mobility (G0110A)
- **E**ating (G0110H)
- **T**ransfer (G0110B)
- **T**oilet use (G0110I)

ADL Self Performance

- Rule of 3
  - Weight-bearing support 3 or more times Extensive Assist
  - Non weight-bearing support 3 or more times code Limited Assist
- Code resident's performance, not capacity
- Code resident's performance not facility policy

Self Performance = 0 (Independent)

- The resident completed activity with no help or oversight

Self Performance = 1 (Supervision)

- Oversight, encouragement, or cueing was provided

Self Performance = 2 (Limited Assistance)

- Resident was highly involved in activity and received physical help in guided maneuvering of limb(s) or other non-weight-bearing assistance

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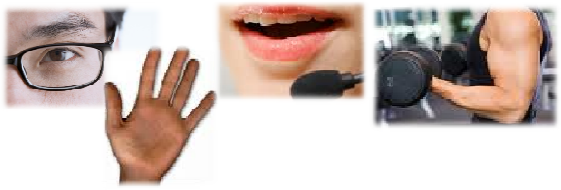
Self Performance = 3 (Extensive Assistance)

- Weight-bearing support provided
- Full staff performance of activity during part but not all of the activity



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Self Performance = 4 (Total Dependence)

- Full staff performance of an activity with **no participation by the resident** for any aspect of the ADL activity
- The resident **must be unwilling or unable** to perform any part of the activity

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Self Performance = 8 or & (Activity Did Not Occur)

- 8 =The **ADL activity (or any part of the ADL) was not performed by the resident or staff at all**
  - **7=1 or 2 Times**
- Use this code **if family or non-facility staff provided the care**
- For example:
  - The resident was on bed rest so transfer did not occur
  - The resident was NPO in preparation for a test therefore got no food or fluids
  - The resident is non-ambulatory therefore walking on the unit did not occur

ADL Support

- 0 = no setup or physical help from staff
- 1 = setup help only
- 2 = one person physical assist
- 3 = two+ person physical assist
- 8 = ADL did not occur

ADL Support

- **ADL Support Provided:** Code for the ***most support provided over the entire shift***
  - No Support
  - Set up help only
  - One person physical assist
  - Two or more provided physical assist
  - Activity itself did not occur during entire shift

RUG-IV ADL-Step 1

Calculate for Bed Mobility, Transfer and Toilet Use

Self-Performance Column 1	Support Column 2	ADL Score
-,0,1,7 or 8	Any number	0
2	Any number	1
3	2	2
4	2	3
3 or 4	3	4

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RUG-IV ADL-Step 2

Calculate for Eating

Self-Performance Column 1	Support Column 2	ADL Score
-,0,1,2, 7 or 8	-,0, 1,8	0
1,2, 7	2	2
3	2	3
4	2	4

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RUG-III ADL-Step 1

Calculate for Bed Mobility, Transfer and Toilet Use

Self-Performance Column 1	Support Column 2	ADL Score
7,0,1	Any number	1
2	Any number	2
3	2	3
4	2	3
8, 3 or 4	3, 8	5

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RUG-III ADL-Step 2

Calculate for Eating

Self-Performance Column 1	Support Column 2	ADL Score
0,1,2	-,0, 1,8	1
2	2	2
3	2	3
4	2	3

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What is a Subtask?

- A **component (or part)** of the activity
- Subtasks of **Toilet Use** include:
  - Transferring on/off toilet
  - Cleansing self after elimination
  - Changing pads/briefs
  - Managing ostomy or catheter
  - Adjusting clothes

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Bed Mobility

- Subtasks of **Bed Mobility** include:
- How resident moves to and from:
  - Lying position
  - Turns side to side
  - Positions body while in bed

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Transfer

- Subtasks of **Transfer** include:
- How the resident moves between surfaces to/from:
  - Bed
  - Chair
  - Wheelchair
  - Standing position (exclude to/from bath and toilet)

Eating

Eating

- Subtasks of **Eating** include:
  - Eating.
  - Drinking
  - How the resident eats and drinks (regardless of skill).
  - Includes intake of nourishment by other means, such as:
    - Tube feeding
    - Total parenteral nutrition

Documentation Tips

- Code care also observed/reported as provided by other individuals who are on the staff (or contract staff) of the facility
- If the care is provided by family or other non-facility staff for the entire shift, use the code of "8"

Documentation Tips

- Flowsheet/Trackers reflect the care received by the patient
- It is a must that documentation accurately reflects the true amount of staff time/resources required for the care of the patients

Documentation Tips

- Behaviors, agitation or inability to follow commands which require staff to "touch" or "make physical contact" with the patient is a physical assist in the identified task
- Determine if assistance was provided with any ADL tasks such as physical assist or tactile cues with transfers, bed mobility, eating or toileting

Documentation Tips

- An example includes lifting the residents hand to place at the edge of the bed in order to rise for transfer or lifting the resident's foot off the wheelchair pedal in order to transfer
- Both are examples of **Extensive Assistance**

Documentation Tips

- Does the resident require any hands on assistance to start a task due to difficulty with attention, task segmentation or inability to follow verbal cues?
- An example includes lifting the resident's hand with a cup in it towards the mouth in order to initiate the task of drinking
- This is an example of **Extensive Assist** even if the patient completes the meal independently after getting started

Documentation Tips

- An agitated or aggressive patient may require 2 staff members to provide care for the overall safety of patient and staff
- A patient may "sundown" and require more hands on assist later in the evening

Documentation Tips

- Rehabilitation patients may have pain or increased fatigue following therapy programs and thus require more help
- A patient may be quite capable of performing a task but due to depression or anxiety may lack motivation or become fearful of participating

Common Grouper Elements: Extensive Services

Skilled Procedures: Section O Coding

- 14 Day Look Back
- While a Resident
  - Includes Emergency Room without Acute Care hospital Admission
  - Includes Outpatient Services
- While Not a resident
  - Prior to admission or readmission

RUG IV: Extensive Services

- Tracheostomy care
- Ventilator/respirator
- Isolation for active infectious disease while a resident
- ES3 ES2 ES1

RUG-IV: Extensive Services

- Tracheostomy care* **and** ventilator/respirator* ES3
- Tracheostomy care* **or** ventilator/respirator* ES2
- Infection isolation* **without** tracheostomy care* **without** ventilator/respirator* ES1

***while a resident**

RUG-IV: Isolation or Quarantine

- **O0100M:** Isolation or quarantine for active infectious disease does not include standard body/fluid precautions
  - Code only when the resident requires **strict isolation** or **quarantine <u>alone</u>** in a **separate room** because of active infection; (i.e., symptomatic and/or have a positive test and are in the contagious stage) with a communicable disease in an attempt to prevent spread of illness

RUG-III: Extensive Services

- Extensive Services qualification based on ADL Sum 7 or greater and one of the following services:
  - IV feeding in last 7 days (Section K)
  - IV medications in last 14 days (Section O)
  - Suctioning in last 14 days (Section O)
  - Tracheostomy care in last 14 days (Section O)
  - Ventilator/respirator in last 14 days (Section O)

RUG-III: IV Hydration

- K0510A1 and K0510A2 includes any and all nutrition and hydration received by the nursing home resident in the last **7 days provided they were administered for nutrition or hydration**
- **"Supporting documentation** that reflects the need for additional fluid intake specifically addressing a nutrition or hydration need. This supporting documentation should be noted in the resident's medical record according to State and/or internal facility policy."
- Meets RUG IV Special Care High Requirements versus Extensive

RUG-III: Extensive Services

- Non-Therapy Extensive
  - SE1
  - SE2
  - SE3
- Rehab Extensive
  - R_X
  - R_L

RUG-III: Extensive Services Count

- RUG-III **Non-Therapy** SE Count:
  - Parenteral IV – K5A = 1
  - IV Medication – P1ac = 1
  - Special Care = 1
  - Clinically Complex = 1
  - Impaired Cognition = 1

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RUG-III: Extensive Services Count

Extensive Count	RUG-III Class
4 or 5	SE3
2 or 3	SE2
0 or	SE1

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Extensive Services Documentation

- Facility Medication Administration Records for IV Medication and IV Hydration
- Hospital Medication Administration Records for IV Medication and IV Hydration
- Emergency Room Records
- Hospital documentation evidencing actual administration of for IV Medication and IV Hydration

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Common Grouper Elements: Rehabilitation Services

Single Level Rehabilitation

- Rehab 150 Minutes **and** 5 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days

OR

- 45 Minutes and 3 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days AND at least 2 nursing rehabilitation services

Rehabilitation Low RUG-III & IV

- Rehab Low requires coordination of Rehab and Restorative Nursing Services
- Most Restorative Nursing programs are initiated **after** Rehab discontinues
  - Restorative occurs at the **same** time as rehab 3 days per week
  - May be different therapy disciplines

Rehabilitation

- ADL Splits
  - RAE
  - RAD
  - RAC
  - RAB
  - RAA

Multiple RUG Levels

- **Ultra High Intensity Criteria:**
  - 720 minutes or more (total) of therapy per week **AND**
  - At least two disciplines, 1 for at least 5 days, **AND**
  - 2nd for at least 3 days
- **Very High Intensity Criteria:** In the last 7 days:
  - 500 minutes or more (total) of therapy per week **AND**
  - At least 1 discipline for at least 5 days

Multiple RUG Levels

- **High Intensity Criteria** (either (1) or (2) below may qualify)
  - 325 minutes or more (total of therapy per week **AND** At least 1 discipline for at least 5 days
- **Medium Intensity Criteria** (either (1) or (2) below may qualify)
  - 150 minutes or more (total) of therapy per week **AND a**t least 5 days of any **combination** of the 3 disciplines

Multiple RUG Levels

- **Low Intensity Criteria** (either (1) or (2) below may qualify):
  - (45 minutes or more (total) of therapy per week **AND** At least 3 days of 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

Rehabilitation Case Management

- Key concepts include:
  - 5 times per week for Medicare Part B.
  - Rehab Low with Restorative Program.
  - Quarterly screens **3 weeks prior to quarterly MDS**.
  - Communication to MDS to schedule MDS when therapy evaluations occur. May be an early quarterly or Significant change.

Extensive Rehabilitation

- Extensive Rehab
  - NY, IN included
  - Not included RI, NH, MA
- ARD selection must consider the Extensive Services and Rehabilitation

Common Grouper Elements: Depression

Depressive Indicators

- **Depression End Splits:** Signs and symptoms of depression are used as a third-level split for:
  - RUG-IV **Special Care High/Low** and **Clinically Complex** categories
    - HE2 versus HE1
  - RUG-III Clinically Complex
    - CA2 versus CA1

Depressive Indicators

- D0300 PHQ-9 Total Severity Score is greater than or equal to 10 but not 99

or

- D0600 PHQ-9 Total Severity Score is greater than or equal to 10

Depressive Indicators

- PHQ-9 Interview:
  - Accurate completion per RAI User's Manual requirements in optimal environment
  - Staff Assessment when criteria met

Common Grouper Elements: Nursing Qualifiers

Respiratory Treatment

- 7 Day Look Back
- 7 Days provided greater than 15 Minutes
- **RUG-IV**
  - Special Care High with ADL 2 or greater
  - Clinically Complex with ADL 0-1
- **RUG-III**
  - **Special Care with ADL 7 or Greater**
  - **Clinically Complex with ADL less than 7**

Respiratory Treatment

- "Services that are provided by a qualified professional (respiratory therapists, respiratory nurse). Respiratory therapy services are for the **assessment, treatment, and monitoring** of patients with deficiencies or **abnormalities of pulmonary function.**"
- "Respiratory therapy services include coughing, deep breathing, heated nebulizers, aerosol treatments, assessing breath sounds and mechanical ventilation, etc., which must be provided by a respiratory therapist or trained respiratory nurse"

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Respiratory Treatment

- "A respiratory nurse must be proficient in the modalities listed above either through formal nursing or specific training and may deliver these modalities as allowed under the state Nurse Practice Act and under applicable state laws"

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Section I: Accurate Diagnosis Coding

- Coma, MS , CP, Hemiparesis, Quadriplegia (III/IV)
- Septicemia, Pneumonia (III/IV)
- (III/IV)
- Parkinson's (IV)
- COPD **and** shortness of breath while lying flat (IV)
- Dehydration (III)
- Internal Bleed (III)

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Diabetes

- Diabetes with **and 7 days injections:**
  - RUG IV: 7 days insulin injection AND **Insulin** order changes last **7** days on 2 or more days
  - RUG: III: 7 days any injection AND **any** physician order changes on 2 or more days in last 14 days

Fever

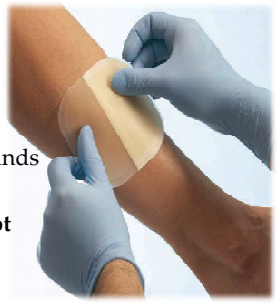
- RUG III/IV: Fever (2.4 degrees above baseline) and:
  - **P**neumonia
  - Tube feed
  - Vomiting
  - Weight loss
- Fever and Dehydration (RUG III only)

Skin

- RUG III/IV with 2 or more skin treatments:
  - 2 or more venous/arterial ulcers; or
  - 1 Stage II pressure ulcer and 1 venous/arterial ulcer
  - 2 or more Stage II pressure ulcers; or
  - 1 or more Stage III or Stage IV pressure ulcers
  - Unstageable Ulcer due to eschar
- 2 Stage I s (RUG-III **only**)

Skin

- RUG III/IV:
  - Burns
  - Surgical wound
  - Open lesion
  - Foot infection/wounds
  - Diabetic foot ulcer
  - Open lesion on **foot**



Skilled Procedures

- While a Resident RUG IV
  - In House, ED Visits, Outpatient
- Either While or While not a Resident for RUG-III
  - Provided at acute upon return from Acute
  - In House, ED Visits, Outpatient

Skilled Procedures

- Following Special Procedures:
  - Radiation therapy, Chemotherapy or dialysis (III/IV)
  - Tube feeding (III/IV)
  - Oxygen therapy (III/IV)
    - **Respiratory failure** and oxygen therapy (IV)
  - Transfusions (III/IV)
  - IV medication (III/IV

Behavior-Cognition

- **Behavioral Systems and Cognitive Performance Category**
  - Behavior and cognitive combined for RUG IV; Separate RUG-III
  - ADL Score 5 **or less for RUG-IV**
  - **ADL Score of 10 or Less RUG-III**
  - **This is a high functioning resident**
  - A BIMS score of less than or equal to 9 will meet the criteria for cognitive impairment.

Behavior

- E0100A Hallucinations
- E0100B Delusions
- E0200A Physical behavioral symptoms directed toward others (2 or 3)
- E0200B Verbal behavioral symptoms directed toward others (2 or 3)
- E0200C Other behavioral symptoms not directed toward others (2 or 3)
- E0800 Rejection of care (2 or 3)
- E0900 Wandering (2 or 3)

Reduced Physical

- No other criteria met

Restorative End Split

- Reduced Physical/Behavioral/Cognitive
- End Split is restorative nursing 6 days in **2** areas

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Restorative End Split

- Count the number of the following restorative services provided for 15 or more minutes a day for 6 or more of the last 7 days:
  - H0200C, H0500** Urinary toileting program and/or bowel toileting program
  - O0500A,B** Passive and/or active ROM
  - O0500C Splint or brace assistance
  - O0500D,F** Bed mobility and/or walking training

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Restorative End Split

- Restorative (continued)
  - O0500E Transfer training
  - O0500G Dressing and/or grooming training
  - O0500H Eating and/or swallowing training
  - O0500I Amputation/prostheses care
  - O0500J Communication training

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Restorative End Split

- **Maintaining** independence in activities of daily living and mobility is critically important to most people
  - Functional decline can lead to depression, withdrawal, social

Restorative End Split

- Restorative nursing program refers to nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible. This concept actively focuses on achieving and maintaining optimal physical, mental, and psychosocia functioning.

Restorative End Split

- Restorative needs, but is not a candidate for formalized rehabilitation
- Upon discharge from therapy
- In conjunction with formalized rehabilitation therapy
  - Restorative (therapy 3 Days 15 minutes and Restorative Nursing 6 Days in 2 Areas)
  - Meets Rehab RUG criteria

Restorative Nursing Program Defined

- The following criteria for restorative care must be met:
  - **Measurable objective and interventions** must be documented in the care plan and in the medical record
  - Evidence of periodic evaluation by the **licensed nurse** must be present in the medical record

Restorative Nursing Program Defined

- RN/LPN Supervision
  - State specific
  - Minimum 30 Days
- Does not include groups with more than **four** residents per supervision helper or caregiver
- Evidence of Restorative Nursing Aid training

Case Mix Concepts Strategies for Success

Strategies for Success

- ARD Management
- ADL Coding
- Rehab Case Management
- Know the Qualifiers (Hot Lists)
- Admissions
- Track Clinical Changes

ARD Management

- Review schedule and select best ARD.
  - Interviews needed so may have lost opportunity if unable to schedule interviews
  - Assessments may be completed early but NEVER late
    - Potential State Deficiency even with 1 late ARD
- Flexibility in ARDs
- Communication between discipline to meet all RAI requirements

ARD Management

- Exhausted benefit while on rehab
  - New admit and on rehab through day 100 Medicare
  - Schedule Quarterly assessment with ARD day after Medicare ends to capture rehab
  - Rehab needs to coordinate ARD and minutes
  - Easier to combine with 90 day PPS but will not be in Case Mix

ADL Accuracy

- ***Assess ADL status*** and clarify any ADL inconsistencies with staff
- Number of **episodes** versus shifts
- MDS Language
  - Transition from ADLs MMQ **after** last turn around date confirmed by Massachusetts !
  - Positioning equates to Bed Mobility
- Nursing Notes
- Education

Rehabilitation

- In states where Rehab is in the case mix, Rehab is frequently the highest CMI
- Key concepts include:
  - 5 times per a week for Part B
  - Rehab Low with Restorative
  - Quarterly screening 3 weeks prior to quarterly MDS
  - Communication to MDS to schedule MDS when therapy evaluations occur. May be an early quarterly or Significant change

RUG Qualifiers

- Documentation of:
  - Respiratory Treatment
  - COPD and SOB while flat
  - IV Hydration
  - Fever
- Accuracy of Diagnosis:
  - Hemiparesis versus CVA with weakness

Hot Lists

- RUG Qualifiers
- Diagnoses
- Physician Visits/Orders
- Baseline Temperatures
- Therapy Services
- IV Therapy

Admissions

- Schedule Medicaid Admission MDS ARD based on Acuity:
  - ARD, completion and CAAs by day 14.
    - Coordination of care-Respiratory Treatment 7 days, Rehab
  - RUG qualifiers
    - NH while not a resident
    - MN While a resident
    - MA?
    - IVF not addressed with addition of 2 columns

Clinical Changes

- Communication with Direct Care Staff:
  - ED visits or hospitalization less than 3 days. May also be exhausted benefit.
  - Skin
  - Respiratory changes
  - ADL decline (CNA/LNA)
  - Falls
  - Acute illness
  - Orders and visits (RUG-III NH,NY)

Clinical Changes

- Acute conditions such as vomiting, respiratory changes, increased pain, changes in behaviors, falls or any other unusual occurrences
- Fevers should be monitored closely especially after a vomiting episode. Any acute condition should be monitored every shift with an entry in the nursing notes for 24 hrs or per facility policy.

Case Mix Documentation

- Documentation for the long-term care residents is not usually performed on a daily or even weekly basis
- When an acute condition arises it is important for the nursing staff to track and document
- Increase documentation of current status during ARD window

Lower 14 (RUG-IV) or 18 (RUG-III)

- Restorative Program
- Close Monitoring and Communication
- Must have program in place per RAI manual criteria
  - Some states require RN or certified restorative nurse

Depressive Indicators

- PHQ-9 Interview:
  - Accurate completion per RAI requirements in optimal environment
  - Staff Assessment when criteria met

RUG Categorization

- Now you can look at your playing card.
- Which category would the qualifier on your card capture?
- Are there other components you would need to capture the RUG category?

Win, Lose or Draw

- Now, Let's test your Case Mix game skills……
- Answer the question correctly and you Win, If the answer is wrong and someone else wants to help out shout "Draw!" to answer

Win, Lose or Draw?

Is this Extensive Assist?

YES!!!

Win, Lose or Draw

Only Quarterly assessments affect Case Mix?

Annuals and Significant Change and even PPS in some states!

Win, Lose or Draw

The ARD sets the look back for all MDS questions?

Yes, although the *length* of look back period may vary

Win, Lose or Draw

Some assessments can be done late or early, depending on ARD?

Never late, not even one day

Win, Lose or Draw

ADLs are documented correctly most of the time?

No, ADL

documentation is usually under coded and requires routine education for accuracy

Win, Lose or Draw

The average CMI score is?

1.0

Win, Lose or Draw

An effective practice to minimize functional decline, maintain Quality of Life and potentially optimize Case Mix is?

Routine Rehab screens, consider quarterly

What's the card up your sleeve?

Share with the group how you Manage your Case Mix

References

- CMS MDS 3.0 RAI Manual v1.11

Questions/Answers

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Have you Considered a Customized Complimentary HARMONY(HHI) MEDICARE PROGRAM EVALUATION

or

CASE MIX ANALYSIS

for your Facility?

Perhaps your facility has potential for additional revenue

Assess your facility against key indicators and national norms

Email us at for more information

RUGS@harmony-healthcare.com

Analysis is cost & obligation free