

Minimum Data Set (MDS) for Home Care



Score for Behavior/Function over past 7 days

Client Name _____ Date _____
 Medical Assistance Number _____ Agency _____
 Agency NPI _____ RN Signature _____

Section B: Cognitive Patterns

- | | | |
|---|---|----------------------|
| 1. Memory | Short Term Memory appears OK- Seems to recall after 5 minutes.
<i>0- Memory OK 1- Memory Problem</i> | <input type="text"/> |
| 2. Cognitive Skills for Daily Decision Making | How well the client made decisions about organizing the day (e.g. when to get up or have meals, which clothes to wear)
<i>0- Independent – decisions consistently reasonable
1-Modified Independence – some difficulty in new situations
2-Moderately Impaired – decisions poor, cues/supervision needed
3- Severely Impaired – never/rarely makes decisions</i> | <input type="text"/> |
| 3. Indicators of Delirium | a. Sudden or new onset/change in mental function (including ability to pay attention, awareness of surroundings, coherency)
<i>0- No 1- Yes</i> | <input type="text"/> |
| | b. In the last 90 days, client has become disoriented or agitated such that his/her safety is endangered or client requires protection by others.
<i>0- No 1- Yes</i> | <input type="text"/> |

TOTAL COGNITIVE (B1, 2 and 3) _____

Section E: Mood and Behavior Patterns

- | | | |
|--|--|---|
| 1. Indicators of depression, anxiety, sad mood | Indicators observed in the last 30 days regardless of cause.
<i>0 Indicator not exhibited in the last 30 days
1 Indicator exhibited up to 5 times each week
2 Indicator of this type exhibited daily (6 or more times weekly)</i> | |
| a. A feeling of sadness or being depressed, that life is not worth living, that nothing matters, that he/she is of no use to anyone or would rather be dead. | <input type="text"/> | e. Repetitive, anxious complaints/concerns – e.g. persistently seeks attention/reassurance regarding schedules, meals, relationships <input type="text"/> |
| b. Persistent anger with self or others – e.g. easily annoyed, anger at care received. | <input type="text"/> | f. Sad, pained, worried facial expressions – e.g. furrowed brow <input type="text"/> |
| c. Expressions of what seem to be unrealistic fears (of being abandoned, etc.) | <input type="text"/> | g. Recurrent crying/tearfulness <input type="text"/> |
| d. Repetitive health complains – e.g. obsessive concern w/ body functions, health | <input type="text"/> | h. Withdrawal from activities of interest <input type="text"/> |
| | | i. Reduced social interaction <input type="text"/> |
- TOTAL MOOD (E1, a-i)** _____

Behavior Patterns

- | | | |
|---|---|--|
| 2. Behavioral Symptoms | Exhibited in the past seven days
<i>0 Did not occur in the past seven days
1 Occurred, easily altered
2 Occurred, not easily altered</i> | |
| a. Wandering (moved with no rational purpose) | <input type="text"/> | b. Verbally Abusive Behavior (threatened, cursed at others) <input type="text"/> |
| c. Physically Abusive Behavior (to self or others) | <input type="text"/> | d. Socially Inappropriate/Disruptive Behavior (smears, throws body feces, screams, disrobing in public) <input type="text"/> |
| e. Aggressive Resistance of Care (Threw meds, pushed caregiver, etc.) | <input type="text"/> | |
| 3. Changes in Behavior | Behavioral symptoms have become worse over the past 30 days.
<i>0- No 1- Yes</i> | |

TOTAL BEHAVIOR (E 2, 3) _____

Minimum Data Set (MDS) for Home Care

Client Name _____



Section H: Physical Functioning

1. Activities of Daily Living (ADLs) (Consider all instances over past seven days)

- 0 Independent – No help or oversight, OR help/oversight provided only 1 or 2 times over past week*
- 1 Supervision – Oversight or cueing provided 3 or more times, possible physical assistance less than 3 times*
- 2 Limited Assistance – Client highly involved in activity, received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3 or more times.*
- 3 Extensive Assistance – Client participated, but weight bearing support OR full assistance given three or more times*
- 4 Total Dependence – Full performance of activity by another over entire seven days*
- 5 Activity did not occur over entire seven days regardless of ability*

a. Mobility in Bed	Moving to and from lying position, turning and positioning body in bed	<input type="text"/>
b. Transfer	To and between surfaces – bed, chair, standing position (excluding bathroom transfers)	<input type="text"/>
c. Locomotion in Home	If in wheelchair, self-sufficiency once in chair	<input type="text"/>
d. Dressing	Includes laying out clothes, retrieving from closet, putting on and taking off	<input type="text"/>
e. Eating	Include taking in food by any method including tube-feeding	<input type="text"/>
f. Toileting	Include using toilet, commode, bedpan, urinal, catheter, transfers, cleaning self and managing clothing	<input type="text"/>
g. Personal Hygiene	Combing hair, brushing teeth, washing face and hands, shaving	<input type="text"/>
2. Bathing	Include shower, sponge bath, tub bath	<input type="text"/>
3. Locomotion	<i>0 No assistive device 1 Cane 2 Walker/Crutch 3 Scooter 4 Wheelchair 5 Activity does not occur</i>	<input type="text"/>
	a. Indoor Locomotion	<input type="text"/>
	b. Outdoor Locomotion	<input type="text"/>

TOTAL ADLS (H 1, 2, 3) _____

Instrumental Activities of Daily Living (IADLs) – Code for functioning in everyday activities in the home

IADLs Self-Performance Code

- Independent – did on own (I)*
- Some Help – Help some of the time (SH)*
- Full Help – Needs some help all the time (FH)*
- By Others – Always performed by others (BO)*
- Activity did not occur (NA)*

		Performance
a. Meal Preparation	Planning, cooking and set-up	<input type="text"/>
b. Ordinary Housework	Dusting, making bed, laundry, tidying	<input type="text"/>
c. Managing Finances	Pay bills, balance checkbook	<input type="text"/>
d. Managing Medications	Remembering, correct doses, ointments, injections, opening containers	<input type="text"/>
e. Phone Use	How made or received, finding numbers	<input type="text"/>
f. Shopping	Food, household goods	<input type="text"/>
g. Transportation	Medical and Social events	<input type="text"/>

(NO SCORE – FOR INFORMATIONAL PURPOSES ONLY)

FAX completed forms to: GAINWELL Prior Authorization Dept. at (401) 784-3892

**Or Mail to: GAINWELL
Attn: Prior Auth. Dept.
PO Box 2010
Warwick, RI 02887-2010**

APPENDIX C

Client Acuity

Enhanced Reimbursement: \$1.00 per hour of Personal Care and Combination Personal Care and Homemaker Service provided to a client assessed as being high acuity by the agency Registered Nurse based on sections of the Minimum Data Set (MDS) for Home Care.

Qualifications: A client is considered high acuity if they receive a following minimum score by an agency Registered Nurse in **one** area:

- a. “5” on Section B, Items 1, 2, and 3, OR
- b. “16” on Section E, Item 1, OR
- c. “8” on Section E, Items 2 and 3, OR
- d. “36” on Section H, Items 1, 2, and 3

Or, if they receive the following minimum scores in **two** or more areas:

- a. “3” on Section B, Items 1, 2, and 3
- b. “8” on Section E, Item 1
- c. “4” on Section E, Items 2 and 3
- d. “18” on Section H, Items 1, 2, and 3

The agency must collect and submit this data to Gainwell Technologies for **all** Medical Assistance clients in order to receive the enhancement for those with high acuity.

How to Receive Enhancement: Submit the adapted MDS (enclosed) for **all** Medical Assistance clients directly to Gainwell Technologies. All adapted MDS will be scanned and kept on file. For the clients who meet the minimum criteria described above, a six-month authorization will be entered into the system upon receipt of the completed adapted MDS form. The MDS MOD Home Care Agency Form is also available online at <http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/mdsform.pdf>. All MDS forms must be signed by an R.N., dated, and totaled for each section. The RI Executive Office of Health and Human Services will be responsible for the monitoring and oversight of this enhanced service.

Claims submitted for clients meeting the acuity standard should be billed at the correct amount with the modifier “U9”. Note: some claims may have two modifiers if the client meets the high acuity determination and the service is provided evenings, nights, weekends or holidays.

Necessary Forms: The adapted MDS for Home Care is required for all Medical Assistance clients in order for the enhanced reimbursement to be made on services for those of high acuity.

Monitoring Method: Gainwell Technologies will enter the necessary client information from the MDS forms into their claims system for those clients meeting minimum acuity standards. All MDS forms for all clients will be scanned and held on file. This will allow the enhanced payment to be made only on the appropriate claims. DHS clinical staff will review and monitor the MDS data and client assessments as necessary.