

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

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|--|--|--|----------------------|
| 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> | | <input type="text"/> |

TOTAL BEHAVIOR (E 2, 3) _____

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 DXC Technology on **all** Medical Assistance clients in order to receive the enhancement for those with high acuity.

How to Receive Enhancement: Submit the adapted MDS (enclosed) on **all** Medical Assistance clients directly to DXC Technology. 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 on all Medical Assistance clients in order for the enhanced reimbursement to be made on services for those of high acuity.

Monitoring Method: DXC Technology 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.