

- a) Except as specified in subsection (b) of this Section, all Medicaid certified nursing facilities shall comply with the provisions of the current federal Long Term Care Resident Assessment Instrument User's Manual, version 2. (Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244 (December 2005 ~~2002~~), and the Resident Assessment Instrument-Mental Health Illinois version 2 (July 2003), adopted from Minimum Data Set-Mental Health version 2. This incorporation by reference includes no later amendments or editions.)
- b) Nursing facilities shall, in addition, comply with the following requirements:
  - 1) Complete a full Minimum Data Set (MDS) assessment, which includes required items A through R, in addition to any State required items, for each resident quarterly, regardless of the resident's payment source. Facilities are not required to complete and submit the MDS Quarterly Assessment Form. When completing the full MDS assessment for quarterly submittal to the Department, it is not necessary to also complete the Resident Assessment Protocols (RAPs) or Sections T ~~and U~~. RAPs and Sections T ~~and U~~ is only required with the comprehensive assessment as described in the current federal Long Term Care Resident Assessment Instrument User's Manual, which includes assessments shall only be completed at admission, annually, for a significant change or for a significant correction of a prior MDS.
  - 2) Transmit electronically to the State MDS database the MDS for all assessments within 31 days after the completion date of the assessment. Except for nursing facilities that are defined as Class I Institutions for Mental Diseases (IMDs) pursuant to 89 Ill. Adm. Code 145.30, the rate set will be based on the MDS received two quarters prior to the rate effective date and MDS not received within 31 days will be given a default rate.
- c) While a new rate system referenced in Section 147.150 is under development, Medicaid-certified Class I IMDs shall electronically submit both the MDS pursuant to subsections (a) and (b) of this Section and the Illinois Minimum Data Set-Mental Health (IL MDS-MH) as specified by the Department at the following frequencies:
  - 1) Complete a full IL MDS-MH within 14 days after admission for each resident, regardless of the resident's payment source.

- 2) Complete a full IL MDS-MH at 90 days after admission for each resident, regardless of the resident's payment source.
- 3) Complete a full IL MDS-MH at six months after admission for each resident, regardless of the resident's payment source, and every six months thereafter.
- 4) Transmit electronically to the Department's IL MDS-MH database, the IL MDS-MH for all required assessments within 31 days after the completion date of the assessment.

(Source: Amended at 30 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 147.150 Minimum Data Set (MDS) Based Reimbursement System

- a) Public Act 92-0848 requires the Department to implement, effective July 1, 2003, a payment methodology for the nursing component of the rate paid to nursing facilities. Except for nursing facilities that are defined as Class I Institutions for Mental Diseases (IMDs) pursuant to 89 Ill. Adm. Code 145.30, reimbursement for the nursing component shall be calculated using the Minimum Data Set (MDS). Increased reimbursement under this payment methodology shall be paid only if specific appropriation for this purpose is enacted by the General Assembly. For Class I IMDs, the nursing component shall be the rate in effect on June 30, 2005 until a payment methodology using the Illinois Minimum Data Set-Mental Health (IL MDS-MH), appropriate for the care needs of the IMD resident population, is implemented. The payment methodology using the IL MDS-MH shall be implemented no later than July 1, 2007.
- b) The nursing component of the rate shall be calculated annually and may be adjusted quarterly. The determination of rates shall be based upon a composite of MDS data collected from each eligible resident in accordance with Section 147. Table A for those eligible residents who are recorded in the Department's Medicaid Management Information System as of 30 days prior to the rate period as present in the facility on the last day of the second quarter preceding the rate period. Residents for whom MDS resident identification information is missing or inaccurate, or for whom there is no current MDS record for that quarter, shall be placed in the lowest MDS acuity level for calculation purposes for that quarter. The nursing component of the rate may be adjusted on a quarterly basis if any of the following conditions are met:
  - 1) Total variable nursing time for a rate quarter as calculated in subsection (c)(1) of this Section exceeds total variable nursing time calculated for the previous rate quarter by more than five percent.

- 2) Total variable nursing time for a rate quarter as calculated in subsection (c)(1) of this Section exceeds:
    - A) total variable nursing time as calculated for the annual rate period by more than ten percent;
    - B) total variable nursing time as recalculated and adjusted for the annual period by more than five percent.
  - 3) Total variable nursing time for a rate quarter as calculated in subsection (c)(1) of this Section declines from the total variable nursing time as calculated for the annual period by more than five percent. No quarterly nursing component rate reduction shall exceed five percent from the previous rate quarter.
- c) Per diem reimbursement rates for nursing care in nursing facilities consist of three elements: variable time reimbursement; fringe benefit reimbursement; and reimbursement for supplies, consultants, medical directors and nursing directors.
- 1) Variable Time Reimbursement. Variable nursing time is that time necessary to meet the major service needs of residents that vary due to their physical or mental conditions. Each need level or specific nursing service measured by the Resident Assessment Instrument is associated with an amount of time and staff level (Section 147. Table A). Reimbursement is developed by multiplying the time for each service by the wage(s) of the type of staff performing the service except for occupational therapy, physical therapy and speech therapy. If more than one level of staff are involved in delivering a service, reimbursement for that service will be weighted by the wage and number of minutes allocated to each staff type. When a service can be provided by either a registered nurse (RN) or licensed practical nurse (LPN), the wage used will be weighted by the average mix of RNs and LPNs in the sample of facilities used to set rates. In calculating a facility's rate, the figures used by the Department for wages will be determined in the following manner:
    - A) The mean wages for the applicable staff levels (RNs, LPNs, certified nursing assistants (CNAs), activity staff, social workers), as reported on the cost reports and determined by regional rate area, will be the mean wages.
    - B) Fringe benefits will be the average percentage of benefits to actual salaries of all nursing facilities based

upon cost reports filed pursuant to 89 Ill. Adm. Code 140.543. Fringe benefits will be added to the mean wage.

C) The base wage, including fringe benefits, will then be updated for inflation from the time period for which the wage data are available to the midpoint of the rate year to recognize projected base wage changes.

D) Special minimum wage factor. The process used in subsection (c)(1)(A) of this Section to determine regional mean wages for RNs, LPNs and CNAs will include a minimum wage factor. For those facilities below 90% of the Statewide average, the wage is replaced by 90% of the Statewide average.

E) Effective July 1, 2006, facilities will receive 90% of the funds necessary to fund the nursing component of the rate in effect on June 30, 2006. The remaining appropriation available in the rate period for the nursing component of the rate will be allocated proportionally across all facilities according to the MDS-based reimbursement methodology pursuant to 147.Table A.

~~On July 1 of each year beginning July 1, 2003, the base wage calculated in subsection (c)(1)(C) of this Section shall be multiplied by a ratio:~~

~~i) The numerator of which is the quotient obtained by dividing the amounts estimated by the Department to be available in the rate period for the nursing component of the rate Statewide by the Department's estimate of the number of patient days Statewide for the rate period eligible for reimbursement from the Department.~~

~~ii) The denominator of which shall be the mean Statewide base rate per patient day.~~

F) Effective July 1, 2007, facilities will receive 75% of the funds necessary to fund the nursing component of the rate in effect on June 30, 2006. The remaining appropriation available in the rate period for the nursing component of the rate will be allocated proportionally across all facilities according to the MDS-based reimbursement methodology pursuant to 147.Table A.

- G) Effective July 1, 2008, facilities will receive 50% of the funds necessary to fund the nursing component of the rate in effect on June 30, 2006. The remaining appropriation available in the rate period for the nursing component of the rate will be allocated proportionally across all facilities according to the MDS-based reimbursement methodology pursuant to 147.Table A.
  - H) Effective July 1, 2009, facilities will receive 25% of the funds necessary to fund the nursing component of the rate in effect on June 30, 2006. The remaining appropriation available in the rate period for the nursing component of the rate will be allocated proportionally across all facilities according to the MDS-based reimbursement methodology pursuant to 147.Table A.
  - I) Effective July 1, 2010, all appropriated funding available in the rate period for the nursing component of the rate will be allocated proportionally across all facilities according to the MDS-based reimbursement methodology pursuant to 147.Table A.
- 2) Vacation, Sick Leave and Holiday Time. The time to be added for vacation, sick leave, and holidays will be determined by multiplying the total of Variable Time by 5%.
  - 3) Special Supplies, Consultants and the Director of Nursing. Reimbursement will be made for health care and program supplies, consultants required by the Department of Public Health (including the Medical Director), and the Director of Nursing by applying a factor to variable time and vacation, sick leave and holiday time. (A list of consultants required by the Department of Public Health can be found in 77 Ill. Adm. Code 300.830).
    - A) Supplies will be updated for inflation using the General Services Inflater (see 89 Ill. Adm. Code 140.551). Health care and program salaries shall be updated for inflation using the Nursing and Program Inflater (see 89 Ill. Adm. Code 140.552). A factor for supplies will be the Statewide mean of the ratio of total facility health care and programs supply costs to total facility health care and programs salaries.
    - B) The Director of Nursing and the consultants will be updated for\_inflation using the Nursing and Program Inflater (see 89 Ill. Adm. Code 140.552). A factor for the

Director of Nursing and consultant costs shall be the Statewide mean of the ratio of all facilities' Director of Nursing and consultant costs to total facility health care and programs salaries.

- C) These costs shall be updated pursuant to cost reports as referenced in 89 Ill. Adm. Code 153.125(f).
- d) **Determination of Facility Rates.**

An amount for each resident will be calculated by multiplying the number of minutes from the assessment by the appropriate wages for each assessment item (see subsection(c)(1) of this Section), adding the amounts for vacation, sick and holiday time (see subsection (c)(2) of this Section), and supplies, consultants, and the Director of Nursing (see subsection (c)(3) of this Section). The average of the rates for eligible residents assessed will become the facility's per diem reimbursement rate for each eligible resident in the facility.
- e) A transition period from the payment methodology in effect on June 30, 2003 to the payment methodology in effect July 1, 2003 shall be provided for a period not exceeding June 30, 2006, as follows:
  - 1) MDS-based rate adjustments under this Section shall not be effective until the attainment of a threshold. The threshold shall be attained at the earlier of either:
    - A) when all nursing facilities have established a rate (sum of all components) which is no less than the rate effective June 30, 2002, or
    - B) July 1, 2006.
  - 2) For a facility that would receive a lower nursing component rate per resident day under the payment methodology effective July 1, 2003 than the facility received June 30, 2003, the nursing component rate per resident day for the facility shall be held at the level in effect on June 30, 2003 until a higher nursing component rate of reimbursement is achieved by that facility.
  - 3) For a facility that would receive a higher nursing component rate per resident day under the payment methodology in effect on July 1, 2003 than the facility received June 30, 2003, the nursing component rate per resident day for the facility shall be adjusted based on the payment methodology in effect July 1, 2003.

- 4) Notwithstanding subsections (e)(2) and (3) of this Section, the nursing component rate per resident day for the facility shall be adjusted in accordance with subsection (c)(1)(E) of this Section.

(Source: Amended at 30 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 147.175 Minimum Data Set (MDS) Data Integrity

- a) The Department shall conduct reviews to determine the accuracy of resident assessment information transmitted in the Minimum Data Set (MDS) that are relevant to the determination of reimbursement rates. Such reviews may, at the discretion of the Department, be conducted electronically or in the facility.
- b) The Department shall quarterly select, at random, a number of facilities in which to conduct on-site reviews. In addition, the Department may select facilities for on-site review based upon facility characteristics, past performance, or the Department's experience.
- c) Electronic review. The Department shall conduct quarterly an electronic review of MDS data for eligible individuals to identify facilities for on-site review.
- d) On-site review. The Department shall conduct an on-site review of MDS data for eligible individuals.
  - 1) On-site reviews may be conducted with respect to residents or facilities that are identified pursuant to subsection (b) or (c) of this Section. Such review may include, but shall not be limited to, the following:
    - A) Review of resident records and supporting documentation, as identified in Section 147.200, to determine the accuracy of data relevant to the determination of reimbursement rates.
    - B) Review and collection of information necessary to assess the need for a specific service or care area and an extension beyond the established maximum length of time for a service or care area.
    - C) Review and collection of information from the facility that will establish the current direct care staffing level.

- 2) The number of residents in any selected facility for whom information is reviewed may, at the sole discretion of the Department, be limited or expanded.
  - 3) Upon the conclusion of any review, the Department shall conduct a meeting with facility management to discuss preliminary conclusions of the review. If facility management disagrees with those preliminary conclusions, facility management may, at that time, provide additional documentation to support their position.
- e) Corrective action. Upon the conclusion of the review and the consideration of any subsequent supporting documentation provided by the facility, the Department shall notify the facility of its final conclusions, both with respect to accuracy of data and recalculation of the facility's reimbursement rate.
- 1) Data Accuracy
    - A) Final conclusions with respect to inaccurate data shall be referred to the Department of Public Health.
    - B) The Department, in collaboration with the Department of Public Health, shall make available additional training in the completion of resident assessments and the coding and transmission of MDS records.
  - 2) Recalculation of Reimbursement Rate. The Department shall determine if reported MDS data or facility staffing data that were subsequently determined to be unverifiable would cause the direct care component of the facility's rate to be calculated differently when using the accurate data. No change in reimbursement required as a result of a review shall take effect before July 1, 2004. A facility's rate shall only be recalculated on those residents who have been subject to a Department review. A facility's rate will be subject to change if the recalculation of the direct care component rate, as a result of using MDS data that are verifiable:
    - ~~A) The recalculation of the direct care component rate, as a result of using MDS data that are verifiable:~~
      - A)i) Increases the rate by more than one percent. The rate is to be changed, retroactive to the beginning of the rate period, to the recalculated rate.



~~B)ii)~~ Decreases the rate by more than one percent. The rate is to be changed, retroactive to the beginning of the rate period, to the recalculated rate.

~~C)iii)~~ Decreases the rate by more than ten percent in addition to the rate change specified in subsection (d)(1)(C) of this Section. The direct care component of the rate shall be reduced, retroactive to the beginning of the rate period, by \$1 for each whole percentage decrease in excess of two percent.

~~B)~~ ~~The review determines that the mean direct care staff time per diem that the facility is currently maintaining is more than 25 percent below the mean direct care staff time per diem used to determine the facility's direct care component of the rate. The recalculation shall use the mean direct care staff time per diem determined pursuant to Section 147.150(c)(1), multiplied by the factor described in Section 147.150(c)(1)(D), less mean direct care staff time per diem determined by the review that is in excess of 25 percent.~~

3) Any evidence or suspicion of deliberate falsification or misrepresentation of MDS data shall be referred to the Department's Inspector General and the Department of Public Health.

f) Appeals. Facilities disputing any rate change may request a hearing pursuant to 89 Ill. Adm. Code 140.830.

(Source: Amended at 30 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 147.200 Minimum Data Set (MDS) On-Site Review Documentation Basic Rehabilitation Aide Training Program (Repealed)

a) Pursuant to Section 147.175, Department staff shall conduct on-site reviews of Minimum Data Set (MDS) data to determine the accuracy of resident information that is relevant to the determination of reimbursement rates.

b) There shall be documentation in the resident's record to support an MDS coded response indicating that the condition or activity was present or occurred during the observation or look back period. Directions provided by the RAI User's Manual (as described in Section 147.125) are the basis for all coding of the MDS. Section S is reserved for additional State-defined items. All documentation requirements pertain to the MDS 2.0 and Section S items.

- c) Each nursing facility shall ensure that MDS data for each resident accurately and completely describes the resident's condition, as documented in the resident's clinical records, maintained by the nursing facility, and the clinical records shall be current, accurate and in sufficient detail to support the reported resident data.
- d) Documentation guidance has been compiled from the RAI Manual, instructions that are present on the MDS 2.0 form itself, RAI-MH, and Illinois additional documentation requirements. If later guidance is released by CMS that contradicts or augments guidance provided in this Section, the more current information from CMS becomes the acceptable standard. If additional ICD9 codes are published, they will be reviewed for appropriateness.
- e) Documentation from all disciplines and all portions of the resident's clinical record may be used to verify an MDS item response. All supporting documentation shall be found in the facility during an on-site visit.
- f) All conditions or treatments shall have been present or occurred within the designated observation period. Documentation in the clinical record shall consistently support the item response and reflect care related to the symptom/problem. Documentation shall apply to the appropriate observation period and reflect the resident's status on all shifts. In addition, the problems that are identified by the MDS item responses that affect the resident's status shall be addressed on the care plan. Insufficient or inaccurate documentation may result in a determination that the MDS item response submitted could not be validated.
- g) Disease Diagnoses
  - 1) Code only those diseases or infections which have a relationship to the resident's current ADL status, cognitive status, mood or behavior status, medical treatments, nursing monitoring or risk of death as directed in the RAI Manual.
  - 2) The disease conditions require a physician-documented diagnosis in the clinical record. It is good clinical practice to have the resident's physician provide supporting documentation for any diagnosis.
  - 3) Do not include conditions that have been resolved or no longer affect the resident's functioning or care plan. One of the important functions of the MDS assessment is to generate an updated, accurate picture of the resident's health status.

- h) Activities of Daily Living (ADL)  
Facilities shall maintain documentation that supports the coding of Section G, Physical Functioning, and Structural Problems on the MDS during the assessment reference period. The documentation shall show the MDS coded level of resident self-performance and support has been met.
- i) Restorative specific documentation shall include:
- 1) Documentation shall define the resident's needs and identify a restorative nursing plan of care to assist the resident in reaching and/or maintaining his or her highest level of functioning. Documentation shall contain objective and measurable information so that progress, maintenance or regression can be recognized.
  - 2) Goals shall be resident specific, realistic, and measurable. The resident's endurance and ability to participate in the programs shall be addressed.
  - 3) Written evidence of measurable objectives and interventions shall be in the resident's care plan, reviewed quarterly, and revised as necessary.
  - 4) Written evidence of quarterly evaluation by a licensed nurse shall be in the clinical record.
  - 5) There shall be written evidence that staff carrying out the programs have been trained in techniques that promote resident involvement in the activity.
  - 6) There shall be written evidence that techniques are carried out or supervised by members of the nursing staff.
  - 7) Sometimes under licensed nurse supervision, other staff and volunteers will be assigned to work with specific residents. If a volunteer is assigned to a specific resident, there shall be written evidence of specific training in techniques that promotes that resident's involvement in the restorative program.
  - 8) Restorative programs shall be ongoing, unless there is written justification in the clinical record that supports the need to discontinue the program.

- 9) The number of minutes per day spent in a restorative program shall be documented for each resident and for each restorative program during the look back period.
- 10) The medical record shall also include documentation that restorative nursing services were administered as planned.
- 11) An assessment designed by the Department shall be required quarterly to assess resident's endurance and ability to benefit from two or more restorative programs.
- 12) A splint or brace is defined as an appliance for the fixation, union or protection of an injured part of the body.
- 13) A check and change program will not be scored as a toileting program.
- 14) All restorative programs provided per criteria of the RAI manual shall be coded on the MDS.

j) Discharge Planning

Social Services shall document monthly on the resident's potential for discharge, specific steps being taken toward discharge, and the progress being made. Social Service documentation shall demonstrate realistic evaluation, planning, and follow-through. Discharge plans shall address the current functional status of the resident, medical nursing needs, and the availability of family and/or community resources to meet the needs of the resident.

k) Psychosocial Adaptation Services

Behavioral symptoms shall be assessed and tracked during the look back period. They shall be addressed in the care plan with individualized goals and interventions.

l) Skills Training

Skills training is specific methods for assisting residents who need and can benefit from this training, to address identified deficits and reach personal and clinical goals. To qualify for reimbursement, the provision of skills training shall meet all of the following criteria:

- 1) Skills and capabilities shall be assessed with the use of a standardized skills assessment, a cognitive assessment and an assessment of motivational potential. The assessment of motivational potential will assist in determining the type and size of the group in which a resident is capable of learning.

- 2) Addresses identified skill deficits related to goals noted in the treatment plan.
- 3) Skills training shall be provided by facility staff, trained in leading skills groups, who are paid by the facility.
- 4) Training shall be provided in a private room with no other programs or activities going on at the same time. The environment shall be conducive to learning in terms of comfort, noise, and other distractions.
- 5) Training shall be provided in groups no larger than ten, with reduced group size for residents requiring special attention due to cognitive, motivational or clinical issues, as determined by the skills assessment, cognition and motivational potential. Individual sessions can be provided as appropriate and shall be identified in the care plan.
- 6) Training shall utilize a well-developed, structured curriculum and specific written content developed in advance to guide each of the sessions. (Published skills modules developed for the severe mentally ill (SMI) and Mental Illness/Substance Abuse (MISA) populations are available for use and as models).
- 7) The curriculum shall address discrete sets of skill competencies, breaking skills down into smaller components or steps in relation to residents' learning needs.
- 8) The specific written content shall provide the rationale for learning, connecting skill acquisition to resident goals.
- 9) Training shall employ skill demonstration/modeling, auditory and visual presentation methods, role-playing and skill practice, immediate positive and corrective feedback, frequent repetition of new material, practice assignments between training sessions (homework), and brief review of material from each previous session.
- 10) There shall be opportunities for cued skill practice and generalization outside session as identified in the care plan and at least weekly documentation relative to skill acquisition.
- 11) Each training session shall be provided and attended in increments of a minimum of 30 minutes each (not counting time to assemble and settle) at least three times per week. Occasional absences are

allowable, with individual coverage of missed material as necessary.

m) Ancillary Provider Services

- 1) Ancillary provider services are services that are provided by direct non-facility psychiatric service providers in order to meet 77 Ill. Adm. Code, Subpart S requirements.
- 2) Psychiatric rehabilitation services that are provided by non-facility providers or an outside entity shall meet the needs of the SMI resident as determined by the resident's individual treatment plan (ITP).
- 3) Facilities must ensure compliance with 77 Ill. Adm. Code, Subpart S, Section 300.4050 when utilizing non-facility or outside ancillary providers.

n) Psychotropic Medication Monitoring

Facilities are to follow documentation guidelines as directed by 42CFR 483.25(l) (State Operations Manual tags F329, F330, F331).

o) Dementia Care Unit

- 1) If the resident has a CPS score of five, care planning shall address the resident's participation in the unit's activities.
- 2) If a particular resident does not participate in at least an average of four activities per day over a one-week period, the unit director shall evaluate the resident's participation and have the available activities modified and/or consult with the interdisciplinary team.
- 3) Documentation shall support staff's efforts to involve the resident.

p) Exceptional Care Services

1) Extensive Respiratory Services

- A) A respiratory therapist shall evaluate the status of the resident at least monthly if the resident has a tracheostomy.
- B) Documentation of respiratory therapy being provided 15 minutes a day shall be present in the clinical record for the look back period.
- C) Respiratory therapy requires documentation in the record of

the treatment and the times given by a qualified professional (respiratory therapist or trained nurse) as defined in the RAI manual.

- 2) Documentation shall be in place to support weaning from the ventilator.
- 3) Ventilator Care
  - A) If the facility has residents receiving ventilator care, the facility shall have a respiratory therapist available at the facility or on call 24 hours a day.
  - B) A respiratory therapist shall evaluate and document the status of the resident at least weekly.
- 4) Morbid Obesity
  - A) A Dietician's evaluation shall be completed with evidence of on-going consultation.
  - B) On-going monitoring of weight shall be evident.
  - C) The psychosocial needs related to weight issues shall be identified and addressed.
- 5) Wound Care Services

Facilities are to follow documentation guidelines as directed by 42CFR 483.25(c) (State Operations Manual tag F314).
- 6) Traumatic Brain Injury (TBI)
  - A) Documentation shall support that psychological therapy is being delivered by licensed mental health professional as described in the RAI manual.
  - B) Documentation shall support a Special Symptom Evaluation program as an ongoing, comprehensive, interdisciplinary evaluation of behavioral symptoms as described in the RAI manual.
  - C) Documentation shall support evaluation by licensed mental health specialist in the last 90 days. This shall include an assessment of a mood, behavior disorder, or other mental health problems by a qualified clinical professional as described in the RAI manual.

D) The care plan shall address the behaviors of the resident and the interventions used.

q) Clarification and additional documentation requirements are as follows:

- 1) Defined actions such as further assessment or documentation, described in the manual, as “good clinical practice” are required by the Department as supporting documentation. Clinical documentation that contributes to identification and communication of a resident’s problems, needs and strengths, that monitors his or her condition on an on-going basis, and that records treatments and response to treatment, is a matter of good clinical practice and is an expectation of trained and licensed health care professionals (RAI page 1-23).
- 2) The facility shall have in place policies and procedures to address specific care needs of the residents, written evidence of ongoing in-services for staff related to residents’ specific care needs and all necessary durable medical equipment to sustain life and carry out the plan of care as designed by the physician. In the absence of the above, a referral will be made to the Illinois Department of Public Health.
- 3) No specific types of documentation or specific forms are mandated, but documentation shall be sufficient to support the codes recorded on the MDS. Treatments and services ordered and coded shall be documented as delivered in the clinical record.
- 4) When completing a significant change assessment, the guidelines provided in the RAI Manual shall be followed. This includes documenting “the initial identification of a significant change in terms of the resident’s clinical status in the progress notes” as described on RAI page 2-7.

(Source: Old Section repealed at 27 Ill. Reg. 18680, effective November 26, 2003; New Section added at 30 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 147.TABLE A Staff Time (in Minutes) and Allocation by Need Level

- a) Effective July 1, 2003, each Medicare and Medicaid certified nursing facility shall complete, and transmit quarterly to the Department, a full Minimum Data Set (MDS) for each resident who resides in a certified bed, regardless of payment source. A description of the MDS items referenced in the tables found following subsection (e) of this Table A are contained



in the Long Term Care Resident Assessment Instrument User's Manual available from the Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244 (December 2002).

- b) Table A identifies 51 ~~37~~ MDS items that shall be used to calculate a profile on each Medicaid-eligible resident within each facility.
- c) The profile for each Medicaid-eligible resident shall then be blended to determine the nursing component of the nursing facility's Medicaid rate.
- d) Each MDS item in Table A includes a description of the item and the variable time referred to in Section 147.150(c)(1). The variable time assigned to each level represents the type of staff that should be delivering the service (unlicensed, licensed, social worker and activity) and the number of minutes allotted to that service item.
- e) Following is a listing of the 51 ~~37~~ reimbursable MDS items found in Table A.
  - 1) Base Social Work and Activity
  - 2) Activities of Daily Living (ADL)
  - 3) Restorative Programs
    - PROM
    - AROM
    - Splint/Brace
    - Bed Mobility
    - Mobility/Transfer
    - Walking
    - Dressing/Grooming
    - Eating
    - Prosthetic Care
    - Communication

Other Restorative

Scheduled Toileting ~~Continence~~

4) Medical Services

Continence Care

Catheter Care

Bladder Retaining

Pressure Ulcer Prevention

Moderate Skin Care Services

Intensive Skin Care Services

Ostomy Care

IV Therapy

Injections

Oxygen Therapy

Chemotherapy

Dialysis

Blood Glucose Monitoring

End Stage Care

Infectious Disease

Acute Medical Conditions

Pain Management

Discharge Planning

Nutrition

Hydration

~~End Stage Care~~

~~Pain Management~~

~~Infectious Disease~~

~~Acute Medical Conditions~~

~~Nutrition~~

~~Skin Care Programs~~

~~Decubitus Prevention~~

~~Moderate Skin Intensity or Ostomy Care Services~~

~~Intensive Skin Care Services~~

~~IV Therapy~~

~~Injections~~

~~Oxygen Therapy~~

~~Extensive Respiratory Services~~

~~Hydration~~

5) Mental Health (MH) Services

~~Psychosocial Adaptation~~

~~Psychotropic Medication Monitoring~~

~~Cognitive Impairment/Memory Assistance~~

~~Psychiatric Rehabilitation Services~~

~~Psychiatric Services (Section S)~~

~~Subpart S~~

~~Skills Training~~

~~Close or Constant Observation~~

6) Dementia Services

Cognitive Impairment/Memory Assistance

Dementia Care Unit

6) Special Patient Need Factors:

~~Communication: add 1% of staff time accrued for ADLs through MH~~

~~Vision Problems: add 2% of staff time accrued for ADLs through MH~~

~~Accident/Fall Prevention: add 3% of staff time accrued for ADLs through MH~~

~~Restraint Free Care: add 2% of staff time accrued for ADLs through MH~~

~~Activities: add 2% of staff time accrued for ADLs through MH~~

7) Exceptional Care Services

Extensive Respiratory Services

Ventilator Care

Total Weaning From Ventilator

Morbid Obesity

Complex Wound Care

Traumatic Brain Injury (TBI)

8)6) Special Patient Need Factors:

Communication: add 1% of staff time accrued for ADLs through Exceptional Care Services

Vision Problems: add 2% of staff time accrued for ADLs through Exceptional Care Services

Accident/Fall Prevention: add 3% of staff time accrued for ADLs through Exceptional Care Services

Restraint Free Care: add 2% of staff time accrued for ADLs through Exceptional Care Services

Activities: add 2% of staff time accrued for ADLs through Exceptional Care Services

**MDS ITEMS AND ASSOCIATED STAFF TIMES**

Throughout Table A where multiple levels are identified, only the highest level shall be scored.

1) Base Social Work and Activity

Level		Unlicensed	Licensed	Social Worker	Activity
I	All Clients	0	0	5	10

2) Activities of Daily Living

Level	Composite Scores	Unlicensed	Licensed	Social Worker	Activity
I	Composite 7-8	50	<u>7.5RN</u> <u>7.5LPN</u> 15		
II	Composite 9-11	62	<u>9.5 RN</u> <u>9.5 LPN</u> 19		
III	Composite 12-14	69	<u>10.5 RN</u> <u>10.5 LPN</u> 21		
IV	Composite 15-29	85	<u>12.5 RN</u> <u>12.5 LPN</u> 25		

ADL Scoring Chart for the above Composite Levels

MDS values equal to “-” denote missing data.

A D L	MDS items	Description	Score
Bed Mobility	G1aA = - or G1aA = 0 or G1aA = 1.	Self-Performance = missing Self-Performance = independent Self-Performance = supervision	1
	G1aA =2.	Self-Performance = limited assistance	3
	G1aA =3 or G1aA =4 or G1aA =8 AND G1aB = - or G1aB = 0 or G1aB = 1 or G1aB = 2.	Self-Performance = extensive assistance Self-Performance = total dependence Self-Performance = activity did not occur Support = missing Support = no set up or physical help Support = set up help only Support = 1 person assist	4
	G1aB = 3 or	Support = 2+ person physical assist	

	G1aB = 8.	Support = activity did not occur	5
Transfer	G1bA = - or G1bA = 0 or G1bA = 1.	Self-Performance = missing Self-Performance = independent Self-Performance = supervision	1
	G1bA = 2.	Self-Performance = limited assistance	3
	G1bA = 3 or G1bA = 4 or G1bA = 8 AND G1bB = - or G1bB = 0 or G1bB = 1 or G1bB = 2.	Self-Performance = extensive assistance Self-Performance = total dependence Self-Performance = activity did not occur Support = missing Support = no set up or physical help Support = set up help only Support = 1 person assist	4
	G1bB = 3 or G1bB = 8.	Support = 2+ person physical assist Support = activity did not occur	5
Locomotion	G1eA = - or G1eA = 0 or G1eA = 1.	Self-Performance = missing Self-Performance = independent Self-Performance = supervision	1
	G1eA = 2.	Self-Performance = limited assistance	3
	G1eA = 3 or G1eA = 4 or G1eA = 8 AND G1eB = - or G1eB = 0 or G1eB = 1 or G1eB = 2.	Self-Performance = extensive assistance Self-Performance = total dependence Self-Performance = activity did not occur Support = missing Support = no set up or physical help Support = set up help only Support = 1 person assist	4
	G1eB = 3 or G1eB = 8.	Support = 2+ person physical assist Support = activity did not occur	5
Toilet	G1iA = - or G1iA = 0 or G1iA = 1.	Self-Performance = missing Self-Performance = independent Self-Performance = supervision	1
	G1iA = 2.	Self-Performance = limited assistance	3
	G1iA = 3 or G1iA = 4 or G1iA = 8 AND G1iB = - or	Self-Performance = extensive assistance Self-Performance = total dependence Self-Performance = activity did not occur Support = missing	

	G1iB = 0 or G1iB = 1 or G1iB = 2.	Support = no set up or physical help Support = set up help only Support = 1 person assist	4
	G1iB = 3 or G1iB = 8.	Support = 2+ person physical assist Support = activity did not occur	5
Dressing	G1gA = - or G1gA = 0 or G1gA = 1.	Self-Performance = missing Self-Performance = independent Self-Performance = supervision	1
	G1gA =2.	Self-Performance = limited assistance	2
	G1gA =3 or G1gA =4 or G1gA =8.	Self-Performance = extensive assistance Self-Performance = total dependence Self-Performance = activity did not occur	3
Hygiene	G1jA = - or G1jA = 0 or G1jA = 1.	Self-Performance = missing Self-Performance = independent Self-Performance = supervision	1
	G1jA =2.	Self-Performance = limited assistance	2
	G1jA =3 or G1jA =4 or G1jA =8.	Self-Performance = extensive assistance Self-Performance = total dependence Self-Performance = activity did not occur	3
Eating	G1hA = - or G1hA = 0 or G1hA = 1.	Self-Performance = missing Self-Performance = independent Self-Performance = supervision	1
	G1hA =2.	Self-Performance = limited assistance	2
	G1hA =3 or G1hA =4 or G1hA =8	Self-Performance = extensive assistance Self-Performance = total dependence Self-Performance = activity did not occur	3
	Or K5a = 1 or K5b =1 and Intake = 1	Parenteral / IV in last 7 days Tube feeding in last 7 days See below	
	Where  Intake = 1 if K6a = 3 or	Parenteral/enteral intake 51-75% of total calories	

K6a = 4	Parenteral/enteral intake 76-100% of total calories
Or Intake = 1 if K6a = 2 and	Parenteral/enteral intake <del>26</del> 25-50% of total calories
K6b =2 or	Average fluid intake by IV or tube is 501-1000 cc/day
K6b =3 or	Average fluid intake by IV or tube is 1001-1500 cc/day
K6b =4 or	Average fluid intake by IV or tube is 1501-2000 cc/day
K6b =5.	Average fluid intake by IV or tube is <u>2001 or more cc/day</u> <del>over 2000 cc/day</del>

3) Restorative Programs

With the exception of amputation/prosthesis care and splint or brace assistance restoratives, the total number of restorative programs eligible for reimbursement shall be limited to five, with no more than three being a Level II restorative. Scheduled toileting shall be included in this limit. Splint or brace assistance and amputation/prosthesis care shall be reimbursed independently. A resident coded in I1t (CVA/stroke) on the MDS and also coded as B4≤2 (cognitive skills for decision making) shall be limited to a total of six restorative with no more than four being a Level II restorative. A Department designed assessment shall be required quarterly to assess the resident's endurance and the resident's ability to benefit from two or more restorative programs.

When the number of restoratives coded on the MDS exceeds the allowable limits for reimbursement, the following order shall be used.

1. Eating Restorative 2. Scheduled Toileting 3. Walking Restorative 4. Transfer Restorative 5. PROM 6. Bed Mobility Restorative 7. Communication Restorative 8. Dressing/Grooming Restorative 9. Other Restorative 10. AROM

Passive Range of Motion

Lev	MDS items	Description	Unl	Lic	S W	Act
	G4aA > 0 or	Any function limits in ROM of neck				
	G4bA > 0 or	Any function limits in ROM of arm				
	G4cA > 0 or	Any function limits in ROM of hand				
	G4dA > 0 or	Any function limits in ROM of leg				
	G4eA > 0 or	Any function limits in ROM of				



	<p>G4fA &gt; 0 or  G4aB &gt; 0 or  G4bB &gt; 0 or  G4cB &gt; 0 or  G4dB &gt; 0 or  G4eB &gt; 0 or  G4fB &gt; 0 or</p> <p>AND:</p>	<p>foot  Any function limits in ROM of other limitation or loss  Any function limits in voluntary movement of neck  Any function limits in voluntary movement of arm  Any function limits in voluntary movement of hand  Any function limits in voluntary movement of leg  Any function limits in voluntary movement of foot  Any function limits in voluntary movement of other limitation or loss</p>				
I	$3 \leq P3a \leq 5$	3 to 5 days of PROM rehab	10	$\frac{3}{RN}$ $\frac{3}{LPN}$ 6		
II	$6 \leq P3a \leq 7$	6 to 7 days of PROM rehab	15	$\frac{3}{RN}$ $\frac{3}{LPN}$ 6		

### Active Range of Motion

Lev	MDS items	Description	Unl	Lic	SW	Act
	G4aA, <del>B</del> > 0 or G4bA, <del>B</del> > 0 or G4cA, <del>B</del> > 0 or G4dA, <del>B</del> > 0 or G4eA, <del>B</del> > 0 or G4fA, <del>B</del> > 0 or	Any function limits in <del>voluntary</del> ROM <del>or movement</del> of neck Any function limits in <del>voluntary</del> ROM <del>or movement</del> of arm Any function limits in <del>voluntary</del> ROM <del>or movement</del> of hand Any function limits in <del>voluntary</del> ROM <del>or movement</del> of leg Any function limits in <del>voluntary</del> ROM <del>or movement</del> of foot Any function limits in <del>voluntary</del> ROM <del>or movement</del> of other limitation or loss				

	<u>G4aB&gt;0 or</u>	<u>Any function limits in voluntary movement of neck</u>				
	<u>G4bB&gt;0 or</u>	<u>Any function limits in voluntary movement of arm</u>				
	<u>G4cB&gt;0 or</u>	<u>Any function limits in voluntary movement of hand</u>				
	<u>G4dB&gt;0 or</u>	<u>Any function limits in voluntary movement of leg</u>				
	<u>G4eB&gt;0 or</u>	<u>Any function limits in voluntary movement of foot</u>				
	<u>G4fB&gt;0</u>	<u>Any function limits in voluntary movement of other limitation or loss</u>				
AND:						
I	3 ≤P3b≤5	3 to 5 days of AROM rehab	<u>8</u> <del>10</del>	<u>2</u> <u>RN</u> <u>2</u> <u>LPN</u> <u>6</u>		
II	6 ≤P3b≤7	6 to 7 days of AROM rehab	<u>12</u> <del>15</del>	<u>2</u> <u>RN</u> <u>2</u> <u>LPN</u> <u>6</u>		

Splint/Brace Assistance

Lev	MDS items	Description	Unl	Lic	SW	Act
I	3 ≤P3c≤5	3 to 5 days of assistance	<u>8</u> <del>10</del>	<u>2</u> <u>RN</u> <u>2</u> <u>LPN</u> <u>6</u>		
II	6 ≤P3c≤7	6 to 7 days of assistance	<u>12</u> <del>15</del>	<u>2</u> <u>RN</u> <u>2</u> <u>LPN</u> <u>6</u>		

Bed Mobility Restorative

Lev	MDS items	Description	Unl	Lic	SW	Act
	0 < G1aA < 8 <u>AND</u> <del>And</del> G7=1	Need assistance in bed mobility Some or all ADL tasks broken into subtasks				
	AND					
I	3 ≤ P3d ≤ 5	3 to 5 days of rehab or restorative techniques	10	<u>3</u> <u>RN</u> <u>3</u> <u>LPN</u> <u>6</u>		
II	6 ≤ P3d ≤ 7	6 to 7 days of rehab or restorative techniques	15	<u>3</u> <u>RN</u> <u>3</u> <u>LPN</u> <u>6</u>		

#### Mobility (Transfer) Restorative

Lev	MDS items	Description	Unl	Lic	SW	Act
	0 < G1bA < 8 <u>AND</u> <del>And</del> G7 = 1  AND	Need assistance in transfer Some or all ADL tasks broken into subtasks				
I	3 ≤ P3e ≤ 5	3 to 5 days of rehab or restorative techniques	10	<u>3</u> <u>RN</u> <u>3</u> <u>LPN</u> <u>6</u>		
II	6 ≤ P3e ≤ 7	6 to 7 days of rehab or restorative techniques	15	<u>3</u> <u>RN</u> <u>3</u> <u>LPN</u> <u>6</u>		

#### Walking Restorative

Lev	MDS items	Description	Unl	Lic	S W	Act
	0 < G1cA < 8 or 0 < G1dA < 8 or 0 < G1eA < 8 or 0 < G1fA < 8	<u>Need assistance</u> <del>Any function</del> <u>limits</u> in walking in room <u>Need assistance</u> <del>Any function</del> <u>limits</u> in walking in corridor <u>Need assistance</u> <del>Any function</del> <u>limits</u> in locomotion on unit <u>Need assistance</u> <del>Any function</del> <u>limits</u> in locomotion off unit				

	<u>AND And</u> G7 = 1 AND	Some or all ADL tasks broken into subtasks				
I	3 ≤P3f≤5	3 to 5 days of rehab or restorative techniques	10	<u>3</u> <u>RN</u> <u>3</u> <u>LPN</u> <u>6</u>		
II	6 ≤P3f≤7	6 to 7 days of rehab or restorative techniques	15	<u>3</u> <u>RN</u> <u>3</u> <u>LPN</u> <u>6</u>		

Dressing or /Grooming Restorative

Lev	MDS items	Description	Unl	Lic	SW	Act
	0 < G1gA<8 <u>or</u> <u>0&lt;G1jA&lt;8</u> <u>AND And</u> G7 = 1 AND	Need assistance in dressing  Need assistance in personal hygiene  Some or all ADL tasks broken into subtasks				
	<u>B4=or≤2</u> <u>AND</u>	<u>Cognitive skills for decision making</u>				
	<u>S1=0</u> <u>AND</u>	<u>Does not meet IDPH Subpart S Criteria</u>				
I	3 ≤P3g≤5	3 to 5 days of rehab or restorative techniques	10	<u>3</u> <u>RN</u> <u>3</u> <u>LPN</u> <u>6</u>		
II	6 ≤P3g≤7	6 to 7 days of rehab or restorative techniques	15	<u>3</u> <u>RN</u> <u>3</u> <u>LPN</u> <u>6</u>		

Eating Restorative

Lev	MDS items	Description	Unl	Lic	SW	Act
	0 < G1hA < 8 or K1b = 1 <u>AND</u> <del>And</del> G7 = 1  AND	Need assistance in eating Has swallowing problem  Some or all ADL tasks broken into subtasks				
I	3 ≤ P3h ≤ 5	3 to 5 days of rehab or restorative techniques	<u>15</u> <del>10</del>	<u>3</u> <u>RN</u> <u>3</u> <u>LPN</u> <u>6</u>		
II	6 ≤ P3h ≤ 7	6 to 7 days of rehab or restorative techniques	<u>20</u> <del>15</del>	<u>3</u> <u>RN</u> <u>3</u> <u>LPN</u> <u>6</u>		

Amputation/Prosthetic Care

Lev	MDS items	Description	Unl	Lic	SW	Act
I	3 ≤ P3i ≤ 5	3 to 5 days of assistance	10	<u>3</u> <u>RN</u> <u>3</u> <u>LPN</u> <u>6</u>		
II	6 ≤ P3i ≤ 7	6 to 7 days of assistance	15	<u>3</u> <u>RN</u> <u>3</u> <u>LPN</u> <u>6</u>		

Communication Restorative

Lev	MDS items	Description	Unl	Lic	SW	Act
	C4 > 0 AND	Deficit in making self understood				

I	$3 \leq P3j \leq 5$	3 to 5 days of rehab or restorative techniques	10	<u>3</u> <u>RN</u> <u>3</u> <u>LPN</u> <u>6</u>		
II	$6 \leq P3j \leq 7$	6 to 7 days of rehab or restorative techniques	15	<u>3</u> <u>RN</u> <u>3</u> <u>LPN</u> <u>6</u>		

Other Restorative

Lev	MDS items	Description	Unl	Lic	SW	Act
<u>I</u>	<u>P3k=3 or greater AND Q2&lt;2 AND B2a=0 AND B4=0 or 1 AND C6=0 or 1 AND S1=0</u>	<u>Other Restorative</u>  <u>Improved or no change in care needs</u> <u>Short term memory okay</u> <u>Cognitive skills for decision making</u> <u>Ability to understand others</u>  <u>Does not meet IDPH Subpart S criteria</u>	<u>6</u>	<u>5</u> <u>RN</u> <u>5</u> <u>LPN</u>		
<u>II</u>	<u>P3k=3 or greater AND Q1c=1 or 2 AND Q2&lt;2 AND P1ar=1 AND B2a=0 AND B4=0 or 1 AND C6=0 or 1 AND S1=0</u>	<u>Other restorative</u>  <u>Stay projected to be within 90 days</u> <u>Improved or no change in care needs</u> <u>Provide training to return to the community</u> <u>Short-term memory</u> <u>Cognitive skills for decision making</u> <u>Ability to understand</u> <u>Does not meet IDPH Subpart S criteria</u>	<u>6</u>	<u>7.5</u> <u>RN</u> <u>7.5</u> <u>LPN</u>		

Other Restorative shall only be reimbursed for a total of two quarters regardless of the level.

Lev	MDS items	Description	Unl	Lic	SW	Act
	<u>Q1c= 1 or 2</u>	<u>Stay projected to be within 90</u>				

	<p>And Q2 &lt; 2          And P1ar = 1          AND</p>	<p>days          Improved or no change in care needs          Provide training to return to community</p>				
I	3 ≤ P3k ≤ 5	3 to 5 days of rehab or restorative techniques	10	6		
H	6 ≤ P3k ≤ 7	6 to 7 days of rehab or restorative techniques	15	6		

Scheduled Toileting Continence

Lev	MDS items	Description	Unl	Lic	SW	Act
I	<p>H3a = 1            AND            H3b = 0            AND            H3d = 0            AND            And (H1b &gt; 1 or            0 &lt; G1i A &lt; 8</p>	<p>Any scheduled toileting plan            No Bladder retraining program            No Indwelling catheter            Incontinent at least 2 or more times a week            Self-Performance = limited to total assistance</p>	22	<p>1.5            RN            1.5            LPN            3</p>		
H	<p>H3b = 1 and            H1b &gt; 1            OR            H3b = 1 and            (H1b ≤ 1 and H4 = 1)</p>	<p>Bladder retraining program            Incontinent at least 2 or more times a week            Bladder retraining program for one quarter            Residents continence has improved in last 90 days</p>	22	8		

4) Medical Services

Continence Care

<u>Level</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
	<u>Catheter Care</u>					
<u>I</u>	<u>H3d = 1</u> <u>AND</u> <u>H3a = 0</u>	<u>Indwelling catheter present</u>  <u>No Scheduled toileting plan</u>	<u>12</u>	<u>.5</u> <u>RN</u> <u>.5</u> <u>LPN</u>		
	<u>Bladder Retraining</u>					
<u>II</u>	<u>H3b = 1</u> <u>AND</u> <u>H3a = 0</u> <u>AND</u> <u>H1b &gt; 1</u>  <u>AND B4=0 or 1</u>  <u>OR H3b = 1</u> <u>AND</u> <u>H3a = 0</u> <u>AND</u> <u>H1b ≤ 0 or 1</u> <u>AND</u> <u>H4 = 1 AND</u> <u>B4 = 0 or 1</u>	<u>Bladder retraining program</u>  <u>No Scheduled toileting plan</u>  <u>Incontinent at least 2 or more times a week</u> <u>Cognitive Skills for decision making</u>  <u>Bladder retraining program</u>  <u>No Scheduled toileting plan</u>  <u>Bladder continence</u>  <u>Change in continence</u> <u>Cognitive skills in decision making</u>	<u>32</u>	<u>5</u> <u>RN</u> <u>5</u> <u>LPN</u>		

Bladder scanners cannot be the sole content of the program. Continenence Care – Level II (Bladder Retraining) shall only be reimbursed for two quarters.

#### Pressure Ulcer Prevention

<u>Level</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
	<u>M3 = 1 or</u>	<u>History of resolved ulcers in last 90 days</u>	<u>15</u>	<u>4</u> <u>RN</u> <u>4</u> <u>LPN</u>		
	<u>Any two of:</u>					
	<u>M5a</u>	<u>Pressure relieving device(s) for chair</u>				
	<u>M5b</u>	<u>Pressure relieving device(s) for bed</u>				
	<u>M5c</u>	<u>Turning or repositioning program</u>				
	<u>M5d</u>	<u>Nutrition or hydration intervention for skin</u>				



<u>M5i</u>	<u>Other prevention for skin (other than feet)</u>
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Moderate Skin Care/Intensive Skin Care

<u>Level</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>M1a&gt; 0 or</u>	<u>Moderate Skin Care Services</u> <u>Stage 1 ulcers</u>	<u>5</u>	<u>5</u> <u>RN</u> <u>5</u> <u>LPN</u>		
	<u>M1b&gt;0 or</u> <u>Any of:</u> <u>M4a=1</u> <u>M4b=1</u> <u>M4c=1</u> <u>M4d=1</u> <u>M4e=1</u> <u>M4f=1</u> <u>M4g=1</u> <u>AND</u> <u>4 of following:</u> <u>M5a=1</u> <u>M5b=1</u> <u>M5c=1</u> <u>M5d=1</u> <u>M5e=1</u> <u>M5f=1</u> <u>M5g=1</u> <u>M5h=1</u> <u>M5i=1</u>  <u>OR</u> <u>(M6b = 1 or</u> <u>M6c = 1)</u> <u>AND</u> <u>M6f = 1</u>	<u>Stage 2 ulcers</u> <u>Other Skin Problems (below):</u> <u>Abrasions, bruises</u> <u>Burns</u> <u>Open lesions other than ulcers</u> <u>Rashes</u> <u>Skin desensitized to pain or pressure</u> <u>Skin tears or cuts (other than surgery)</u> <u>Surgical wounds</u> <u>Skin Treatments (below):</u> <u>Pressure relieving device(s) for chair</u> <u>Pressure relieving device(s) for bed</u> <u>Turning or repositioning program</u> <u>Nutrition or hydration intervention for skin</u> <u>Ulcer care</u> <u>Surgical wound care</u> <u>Application of dressings(other than feet)</u> <u>Application of ointments(other than feet)</u> <u>Other prevention for skin (other than feet)</u>  <u>Infection of the foot</u> <u>Open lesion of the foot</u>  <u>And application of a dressing</u>				

II		<u>Intensive Skin Care Services</u>		
	<u>M1c &gt; 0 or</u>	<u>Stage 3 ulcers</u>	<u>5</u>	<u>15</u> <u>RN</u> <u>15</u> <u>LPN</u>
	<u>M1d &gt; 0</u> <u>AND</u> 4 of following:	<u>Stage 4 ulcers</u> <u>Skin Treatments (below):</u>		
	<u>M5a=1</u>	<u>Pressure relieving device(s) for chair</u>		
	<u>M5b=1</u>	<u>Pressure relieving device(s) for bed</u>		
	<u>M5c=1</u>	<u>Turning or repositioning program</u>		
	<u>M5d=1</u>	<u>Nutrition or hydration intervention for skin</u>		
	<u>M5e=1</u>	<u>Ulcer care</u>		
	<u>M5f=1</u>	<u>Surgical wound care</u>		
	<u>M5g=1</u>	<u>Application of dressings (other than feet)</u>		
	<u>M5h=1</u>	<u>Application of ointments (other than feet)</u>		
	<u>M5i=1</u>	<u>Other prevention for skin (other than feet)</u>		

Ostomy Services

<u>Level</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
I	<u>Plaf=1</u>	<u>Ostomy care performed</u>	<u>5</u>	<u>2.5</u> <u>RN</u> <u>2.5</u> <u>LPN</u>		

IV Therapy

<u>Level</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
I	<u>P1ac = 1</u> <u>Or</u>	<u>IV medication</u>	<u>1</u>	<u>15</u> <u>RN</u> <u>15</u> <u>LPN</u>		
	<u>K5a = 1</u> <u>AND</u> <u>Plae=1</u>	<u>Parenteral /IV Nutrition</u>  <u>Monitoring Acute Medical condition</u>				

Injections

<u>Level</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>O3 &gt; = 2</u>	<u>Number of injections in last 7days</u>		<u>3</u> <u>RN</u> <u>3</u> <u>LPN</u>		

Oxygen Therapy

<u>Level</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>P1ag = 1</u>	<u>Oxygen therapy administered in last 14 days</u>	<u>9</u>	<u>7.5</u> <u>RN</u> <u>7.5</u> <u>LPN</u>		

Chemotherapy

<u>Level</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>P1aa=1</u>	<u>Chemotherapy given</u>	<u>1</u>	<u>5</u> <u>RN</u> <u>5</u> <u>LPN</u>		

Dialysis

<u>Level</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>P1ab = 1</u>	<u>Dialysis given</u>	<u>1</u>	<u>5</u> <u>RN</u> <u>5</u> <u>LPN</u>	<u>2</u>	

Blood Glucose Monitoring

<u>Level</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>I1a = 1</u> <u>AND</u> <u>K5e=1 or</u> <u>K5f=1 or</u> <u>O3=7</u>	<u>Diabetes mellitus</u>  <u>Therapeutic diet</u> <u>Dietary Supplement</u> <u>Injections daily</u>		<u>1</u> <u>RN</u> <u>1</u> <u>LPN</u>		

End Stage Care

<u>Level</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>J5c= 1</u>	<u>End stage disease, 6 or fewer months to live</u>  <u>Restoratives including scheduled toileting and bladder retraining set to level '0' except AROM, PROM, Splint/Brace: limit of 4 quarters</u>	<u>10</u>	<u>6</u> <u>RN</u> <u>6</u> <u>LPN</u>	<u>8</u>	

Infectious Disease

<u>Level</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>I2a = 1 or</u> <u>I2b = 1 or</u> <u>I2i = 1 or</u> <u>I2k = 1 or</u> <u>I2e = 1 or</u> <u>I2g = 1 or</u> <u>I2l = 1 or</u> <u>I2j=1 or</u> <u>I3 =ICD9 code</u> <u>041.01,133.0</u>	<u>Antibiotic resistant infection</u> <u>Clostridium Difficile</u> <u>TB</u> <u>Viral Hepatitis</u> <u>Pneumonia</u> <u>Septicemia</u> <u>Wound Infection</u> <u>Urinary Tract infection present</u> <u>Streptococcus Group A, Scabies</u>	<u>18</u>	<u>8.5</u> <u>RN</u> <u>8.5</u> <u>LPN</u>	<u>1</u>	

Acute Medical Conditions

<u>Level</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>J5b = 1</u> <u>AND</u> <u>P1ae = 1</u> <u>AND</u>  <u>P1ao = 0</u> <u>OR</u> <u>(J5a= 1</u> <u>AND</u>  <u>P1ao = 0</u> <u>AND</u> <u>P1ae = 1)</u>  <u>OR</u> <u>(B5a =2 or</u> <u>B5b =2 or</u>	<u>Acute episode or flare-up of chronic condition</u> <u>Monitoring acute medical condition</u>  <u>Not Hospice care</u>  <u>Condition makes resident's cognitive, ADL, mood or behavior patterns unstable</u> <u>Not Hospice care</u> <u>Monitoring acute medical condition</u>  <u>Easily distracted over last 7 days</u> <u>Periods of altered perceptions or</u>	<u>1</u>	<u>11.5</u> <u>RN</u> <u>11.5</u> <u>LPN</u>	<u>1</u>	

<u>B5c =2 or</u> <u>B5d =2 or</u> <u>B5e =2 or</u> <u>B5f =2)</u> <u>AND</u> <u>Pla=1</u> <u>AND</u> <u>Plao=0</u>	<u>awareness of surroundings over last 7 days</u> <u>Episodes of disorganized speech over last 7 days</u> <u>Periods of restlessness over last 7 days</u> <u>Periods of lethargy over last 7 days</u> <u>Mental function varies over course of day in last 7 days</u> <u>Monitoring acute medical condition</u> <u>Not hospice care</u>
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Pain Management

<u>Level</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
I	<u>J2a &gt; 0</u> <u>AND</u>	<u>Demonstrate or complain of pain</u>	<u>4</u>	<u>4</u> <u>RN</u> <u>4</u> <u>LPN</u>	<u>1</u>	<u>1</u>
	<u>J2b &gt; 0</u>	<u>Mild to excruciating intensity</u>				

Discharge Planning

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
I	<u>Q1c= 1 or 2</u>	<u>Stay projected to be within 90 days</u>		<u>8</u> <u>RN</u> <u>8</u> <u>LPN</u> <u>16</u>	<u>16</u>	
	<u>AND</u> <u>Q2 &lt; 2</u>	<u>Improved or no change in care needs</u>				
	<u>AND</u> <u>P1ar =1</u>	<u>Provide training to return to community</u>				

Discharge Planning shall only be reimbursed for two quarters.

End Stage Care

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
I	<u>J5c=1</u>	<u>End stage disease, 6 or fewer months to live</u> <u>Restoratives set to level '0' except</u>	<u>10</u>	<u>12</u>	<u>8</u>	

	AROM, -PROM, Splint/Brace: limit of 4 quarters
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### Pain Management

Lev	MDS items	Description	Unl	Lie	SW	Aet
I	J2a > 0 And J2b > 1	Demonstrate or complain of pain Moderate to excruciating intensity	4	8	1	1

### Infectious Disease

Lev	MDS items	Description	Unl	Lie	SW	Aet
I	I2a = 1 or I2b = 1 or I2i = 1 or I2k = 1 or I2e = 1 or I2g = 1 or I2l = 1 or I3 = ICD9 code 041.01,133.0	Antibiotic resistant infection Clostridium Difficile TB Viral Hepatitis Pneumonia Septicemia Wound Infection Streptococcus Group A, Scabies	18	17	1	

### Acute Medical Conditions

Lev	MDS items	Description	Unl	Lie	SW	Aet
I	J5b = 1 and  P1ae = 1 and  P1ao = 0 or (J5a = 1 and  P1ao = 0 and P1ae = 1) and  (B5a = 2 or B5b = 2 or  B5c = 2 or B5d = 2 or	Acute episode or flare-up of chronic condition  Monitoring acute medical condition  Not Hospice care Condition makes resident's cognitive, ADL, mood or behavior patterns unstable  Not Hospice care Monitoring acute medical condition  Easily distracted over last 7 days Periods of altered perceptions or awareness of surroundings over last 7 days  Episodes of disorganized speech over last 7 days  Periods of restlessness over last 7 days	1	23	1	

B5e = 2 or B5f = 2)	Periods of lethargy over last 7 days Mental function varies over course of day in last 7 days
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Nutrition

Lev	MDS items	Description	Unl	Lic	SW	Act
I	K5h = 1 OR K5f = 1	On a planned weight change program <u>Dietary supplement given between meals</u>	4	<u>1.5</u> <u>RN</u> <u>1.5</u> <u>LPN</u> 3	1	
II	K5b = 1 and Intake = 1  Intake = 1 if K6a = 3 or K6a = 4 Or Intake = 1 if K6a = 2 and K6b = 2 or K6b = 3 or K6b = 4 or K6b = 5	Tube feeding in last 7 days See below  Parenteral/ enteral intake 51-75% of total calories Parenteral/enteral intake 76-100% of total calories Parenteral/enteral intake <u>26</u> <del>25</del> -50% of total calories Average fluid intake by IV or tube is 501-1000 cc/day Average fluid intake by IV or tube is 1001-1500 cc/day Average fluid intake by IV or tube is 1501-2000 cc/day Average fluid intake by IV or tube is <u>2001 or more cc/day</u> <del>over 2000 cc/day</del>	0	<u>11</u> <u>RN</u> <u>11</u> <u>LPN</u> <u>22</u>	1	

~~Skin Care Programs — only the highest qualifying level of the moderate skin intensity or intensive skin care applies~~

~~Decubitus Prevention~~

Lev	MDS items	Description	Unl	Lic	SW	Act
	M3 = 1 or Any two of:	History of resolved ulcers in last 90 days	15	8		

M5a	Pressure relieving device(s) for chair
M5b	Pressure relieving device(s) for bed
M5e	Turning or repositioning program
M5d	Nutrition or hydration intervention for skin
M5i	Other prevention for skin (other than feet)

Moderate Skin Intensity Services or Ostomy Care Services

Lev	MDS items	Description	Unl	Lie	SW	Aet
I	M1a > 0 or M1b > 0 or Any of: M4a M4b M4e M4d M4e M4f M4g And any of: M5a M5b M5e M5d M5e M5f M5g M5h M5i  OR (M6b = 1 or M6e = 1) and M6f = 1 or P1af = 1	Stage 1 ulcers Stage 2 ulcers Other Skin Problems (below): Abrasions, bruises Burns Open lesions other than ulcers Rashes Skin desensitized to pain or pressure Skin tears or cuts (other than surgery) Surgical wounds Skin Treatments (below): Pressure relieving device(s) for chair Pressure relieving device(s) for bed Turning or repositioning program Nutrition or hydration intervention for skin Ulcer care Surgical wound care Application of dressings (other than feet) Application of ointments (other than feet) Other prevention for skin (other than feet)  Infection of the foot Open lesion of the foot And application of a dressing Provide ostomy care in last 14	5	10		



	days					
		Set Intensive Skin Care Services to zero				

~~Intensive Skin Care Services~~

Lev	MDS items	Description	Unl	Lie	SW	Act
H	M1c > 0 or M1d > 0 or And any of: M5a M5b M5e M5d M5e M5f M5g M5h M5i	<del>Stage 3 ulcers Stage 4 ulcers Skin Treatments (below): Pressure relieving device(s) for chair Pressure relieving device(s) for bed Turning or repositioning program Nutrition or hydration intervention for skin Ulcer care Surgical wound care Application of dressings (other than feet) Application of ointments (other than feet) Other prevention for skin (other than feet) Set Moderate Skin Intensity Services to zero</del>	5	30		

~~IV Therapy~~

Lev	MDS items	Description	Unl	Lie	SW	Act
I	P1ac = 1 or K5a = 1	<del>IV medication in last 14 days Nutrition via parenteral / IV in last 7 days</del>	9	30		

~~Injections~~

Lev	MDS items	Description	Unl	Lie	SW	Act
I	O3 > 0	Number of injections in last 7 days		6		

~~Oxygen Therapy~~

Lev	MDS items	Description	Unl	Lie	SW	Act

I	P1ag = 1	Oxygen therapy administered in last 14 days	9	15		
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Extensive Respiratory Services

Lev	MDS items	Description	Unl	Lie	SW	Act
I	P1ai = 1 or P1aj = 1	Performed suctioning in last 14 days Administered tracheostomy care in last 14 days	15	30		

Hydration

Lev	MDS items	Description	Unl	Lic	SW	Act
I	H2b = 1 or ICD9 = 564.00 or 564.7 AND K5a = 0 AND K5b = 0 OR Any two of: 1 ≤ O4e ≤ 7 or J1o = 1 or I3 a,b,c,d,e = 276.5 or 276.50 or 276.51 or 276.52 or I2j = 1 or J1c = 1 or J1d = 1 or J1h = 1 or J1j = 1 AND K5a,b = 0 AND k5b=0	Constipation Constipation  No parenteral/IV  No feeding tube  Received a diuretic medication in last 7 days Vomiting  Volume depletion, dehydration  Volume depletion, unspecified Dehydration Hypovolemia Urinary Tract Infection in last 30 days Dehydrated Did not consume most fluids provided (3 days) Fever Internal bleeding Not have parenteral /IV or feeding tube No feeding tube	15	3.5 RN 3.5 LPN 7		1

- 5) Mental Health Services—only the highest qualifying score of the three services applies

Psychosocial Adaptation Services

Lev	MDS items	Description	Unl	Lic	SW	Act
I	(P2a = 1 or  P2b = 1 or P2c = 1 or P2d = 1) <u>AND</u> <del>and</del> Any E1a-p > 0 or F1g = 1 or  Any F2a-g = 1 or Any F3a-c = 1 or E4aA > 0 or E4bA > 0 or E4cA > 0 or E4dA > 0 or  E4eA > 0 or <u>Jle = 1</u> <u>Jli = 1</u>	Behavior symptom evaluation  Evaluation by licensed MH specialist within last 90 days Group therapy Resident specific changes to environment Indicators of depression  No indicators of psychosocial well-being Any unsettled relationships Issues with past roles Wandering in last 7 days Verbally abusive in last 7 days Physically abusive in last 7 days Inappropriate or disruptive behavior in last 7 days Resisted care in last 7 days <u>Delusions</u> <u>Hallucinations</u>	12	<u>3</u> RN <u>3</u> LPN <u>6</u>	8	2

Psychotropic Medication Monitoring

Level	MDS item	Description	Unl	Lic	SW	Act
I	<u>O4a=7</u> or <u>O4b=7</u> or <u>O4c=7</u> or <u>O4d=7</u>	<u>Antipsychotic Meds</u> <u>Antianxiety Meds</u> <u>Antidepressant Meds</u> <u>Hypnotic Meds</u>	<u>5</u>	<u>2.5</u> RN <u>2.5</u> LPN		

Psychiatric Services

Section S

Level	MDS item	Description	Unl	Lic	SW	Act
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I	<u>S1=1</u> <u>AND</u>	<u>Meets IDPH Subpart S criteria</u>	<u>13</u>	<u>2.5</u> <u>RN</u> <u>2.5</u> <u>LPN</u>	<u>20</u>	
	<u>S8=1</u> <u>AND</u> <u>Dressing/grooming</u> <u>and other</u> <u>restorative,</u> <u>cognitive</u> <u>performance, and</u> <u>dementia care unit</u> <u>reset to zero</u>	<u>Ancillary provider services</u> <u>delivered by non-facility staff</u>				
II	<u>S1=1</u> <u>AND</u> <u>ADL Index=3 or 4</u> <u>AND</u> <u>(AA3-A3a)/365.25</u> <u>≥65</u> <u>AND</u> <u>Dressing/grooming</u> <u>and other</u> <u>restorative,</u> <u>cognitive</u> <u>performance, and</u> <u>dementia care unit</u> <u>reset to zero</u>	<u>Meets IDPH Subpart S criteria</u>  <u>ADL composite score between</u> <u>12-29</u> <u>Resident is 65 years of age or</u> <u>older at time of the assessment</u> <u>reference date</u>	<u>13</u>	<u>4.5</u> <u>RN</u> <u>4.5</u> <u>LPN</u>	<u>20</u>	
III	<u>S1=1</u> <u>AND</u> <u>S8=0</u>  <u>AND</u> <u>Dressing/grooming</u> <u>and other</u> <u>restorative,</u> <u>cognitive</u> <u>performance, and</u> <u>dementia care unit</u> <u>reset to zero</u>	<u>Meets IDPH Subpart S criteria</u>  <u>Ancillary provider services</u> <u>delivered by facility staff</u>	<u>16</u>	<u>5</u> <u>RN</u> <u>5</u> <u>LPN</u>	<u>25</u>	

Skills training-Section S

<u>Level</u>	<u>MDS item</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
I	<u>S7=1</u> <u>AND</u> <u>S1=1</u>	<u>Skills training provided</u>  <u>Meets IDPH Subpart S criteria</u>	<u>6</u>	<u>6</u> <u>RN</u> <u>6</u> <u>LPN</u>	<u>8</u>	<u>6</u>

Close or Constant Observation-Section S

<u>Level</u>	<u>MDS item</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
I	<u>S5=1</u> <u>AND</u> <u>S1=1</u>	<u>Close or Constant Observation</u>  <u>Meets IDPH Subpart S criteria</u>	<u>6</u>	<u>2</u> <u>RN</u> <u>2</u> <u>LPN</u>	<u>5</u>	

6) Dementia Services

Cognitive Impairment/Memory Assistance Services

<u>Lev</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u> <u>CPS=</u> <u>2</u> <u>AND</u> <u>S1=0</u>	<u>Cognitive Performance Scale of 2</u>  <u>Does not meet IDPH Subpart S criteria</u>	<u>6</u>			<u>4</u>
<u>II</u> <u>CPS=</u> <u>3 or 4</u> <u>AND</u> <u>S1=0</u>	<u>Cognitive Performance Scale of &gt; = to 3</u>  <u>Does not meet IDPH Subpart S criteria</u>	<u>16</u>	<u>3</u> <u>RN</u> <u>3</u> <u>LPN</u> <u>6</u>	<u>11</u>	<u>10</u>
<u>III</u> <u>CPS=</u> <u>5 or 6</u> <u>AND</u> <u>S1=0</u>	<u>Cognitive Performance Scale of &gt; = to 5</u>  <u>Does not meet IDPH Subpart S criteria</u>	<u>21</u>	<u>5.5</u> <u>RN</u> <u>5.5</u> <u>LPN</u> <u>11</u>	<u>16</u>	<u>15</u>

Cognitive Performance Scale Codes

<u>Scale</u>	<u>Description</u>
<u>0</u>	<u>Intact</u>
<u>1</u>	<u>Borderline Intact</u>
<u>2</u>	<u>Mild Impairment</u>
<u>3</u>	<u>Moderate Impairment</u>
<u>4</u>	<u>Moderate Severe Impairment</u>

5	Severe Impairment
6	Very Severe Impairment

Impairment Count for the Cognitive Performance Scale

I code	MDS items	Description
		Note: None of B2a, B4, or C4 can be missing
IC 1	B2a = 1	Memory problem
IC 2	B4 = 1 or 2	Some dependence in cognitive skills
IC 3	$1 \leq C4 \leq 3$	<u>Usually understood</u> <del>Difficulty finding words</del> to rarely or never understood

Severe Impairment Count for the Cognitive Performance Scale

I code	MDS items	Description
		Note: None of B2a, B4, or C4 can be missing
SIC 0	Below not met	
SIC 1	B4 = 2	Moderately impaired in cognitive skills
SIC 2	C4 = 2 or 3	Sometimes understood to rarely or never understood

Cognitive Performance Scale

Scale	MDS items	Description
6	N1a = 0 and N1b = 0 and N1c = 0 and B1 = 1 and G1aA = 4 or 8 And G1bA = 4 or 8 And G1hA = 4 or 8 And G1iA = 4 or 8 And Not (B4 = 0, 1, 2)	Awake all or most of the time in the morning Awake all or most of the time in the afternoon Awake all or most of the time in the evening Is comatose Bed-Mobility Self-Performance = total dependence or did not occur Transfer Self-Performance = total dependence or did not occur Eating Self-Performance = total dependence or did not occur Toilet Use Self-Performance = total dependence or did not occur Not have cognitive skills independent to moderately impaired
6	B4 = 3 And G1hA = 4 or 8	Cognitive skills severely impaired Eating Self-Performance = total dependence or did not occur
5	B4 = 3 And G1hA = - or $\leq 3$	Cognitive skills severely impaired Eating Self-Performance = missing to extensive assistance
4	If IC code = 2 or 3  And SIC code = 2	Some dependence in cognitive skills <u>Usually understood</u> <del>Difficulty finding words</del> to rarely or never understood Sometimes understood to rarely or never understood
3	If IC code = 2 or 3	Some dependence in cognitive skills <u>Usually understood</u> <del>Difficulty finding words</del> to rarely or never

	And SIC code = 1	understood Moderately impaired in cognitive skills
	If IC code = 2 or 3	Some dependence in cognitive skills <u>Usually understood</u> <del>Difficulty finding words</del> to rarely or never understood
2	And SIC code = 0	Better than moderate cognition skills and usually can be understood
1	If IC code = 1	Memory problem

### Dementia Care Unit

<u>Level</u>	<u>MDS item</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
I	<u>P1an=1</u> <u>AND</u> <u>I1q=1 or</u> <u>I1u=1</u> <u>AND</u> <u>S1=0</u> <u>AND</u> <u>CPS 2,3,4,5</u> <u>AND</u> <u>Dementia</u> <u>Care Unit is</u> <u>IDPH</u> <u>certified</u>	<u>Alzheimer/Dementia special care</u> <u>unit</u> <u>Alzheimer's Disease</u> <u>Dementia other than</u> <u>Alzheimer</u> <u>Does not meet IDPH Subpart S</u> <u>criteria</u> <u>CPS score</u>	<u>15</u>	<u>4 RN</u> <u>4 LPN</u>	<u>10</u>	<u>10</u>

### Psychiatric Rehabilitation Services

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>
IV	<u>Hdd=1 or</u> <u>Hff=1 or</u> <u>Hgg=1 or</u> <u>J1i=1</u> <u>Hallucinations in</u> <u>last 7 days</u>	<u>Anxiety Disorder</u> <u>Manic depression (bipolar)</u> <u>Schizophrenia</u> <u>Delusions in last 7 days</u> <u>Hallucinations in last 7 days</u>	<u>20</u>	<u>10</u>
V	<u>If above And</u> <u>E4aA &gt; 1 or</u>	<u>Wandering in last 7 days</u>	<u>24</u>	<u>12</u>

	E4bA > 1 or E4cA > 1 or E4dA > 1 or E4eA > 1 or	Verbally abusive in last 7 days Physically abusive in last 7 days Inappropriate or disruptive behavior in last 7 days Resisted care in last 7 days
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7) Exceptional Care Services

Respiratory Services

<u>Level</u>	<u>MDS item</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
I	<u>P lai=1</u> or <u>P1aj=1</u> or <u>P1bdA=7</u>	<u>Performed Suctioning</u>  <u>Administered Trach Care</u>  <u>Respiratory Therapy</u>	<u>5</u>	<u>15 RN</u> <u>15 LPN</u>		
II	<u>P lai=1</u> <u>AND</u> <u>P1aj=1</u> <u>AND</u> <u>P1bdA&gt;0</u>	<u>Performed Suctioning</u>  <u>Administered Trach Care</u>  <u>Respiratory Therapy</u>	<u>5</u>	<u>22.5 RN</u> <u>22.5 LPN</u>		

A \$50.00 add-on cost will be applied to all residents receiving Trach Care.

Ventilator Care

<u>Level</u>	<u>MDS item</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
I	<u>P lai=1</u>	<u>Receiving Ventilator care</u>	<u>5</u>	<u>35 RN</u> <u>35 LPN</u>		

A \$150.00 add-on cost shall be applied to all residents receiving Ventilator care. The Trach add-on cost shall not be included.

Weaning From Ventilator



<u>Level</u>	<u>MDS item</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>P 1al=0 on current MDS AND P1al=1 on previous MDS</u>	<u>Resident no longer on ventilator</u> <u>Resident previously on ventilator</u>	<u>5</u>	<u>15 RN</u> <u>15 LPN</u>		

Morbid Obesity

<u>Level</u>	<u>MDS item</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>I3=278.01 AND K5e=1 AND K5h=1 AND G1aA=3 and G1aB=3 or G1bA=3 and G1bB=3 or G1cA=3 and G1cB=3 AND P3d=7 or P3e=7 or P3f=7</u>	<u>ICD9 for Morbid Obesity is marked on a Therapeutic diet</u> <u>On planned weight change program</u> <u>Extensive assist Requires 2+ assist with bed Mobility</u> <u>Extensive assist Requires 2+ assist with transfers</u> <u>Extensive assist Requires 2+ assist with walk in room</u> <u>On Bed Mobility Restorative</u> <u>On Transfer Restorative</u> <u>On Walking Restorative</u>	<u>20</u>	<u>7.5 RN</u> <u>7.5 LPN</u>	<u>5</u>	

A \$40.00 add-on shall be applied to all residents meeting the Morbid Obesity category.

Complex Wounds

There are no minutes assigned to this area. It is strictly a \$15.00 add-on applied to residents meeting the following criteria

<u>.MDS item</u>	<u>Description</u>
<u>ADD-ON</u>	
<u>\$15</u>	
<u>M1c or M1d=or ≥ 1</u>	<u>Presence of stage 3 or 4 PU</u>
<u>AND</u>	
<u>M2a=or ≥1 or</u>	<u>Type of ulcer, pressure</u>
<u>M2b=or ≥1</u>	<u>Type of ulcer, stasis</u>
<u>AND</u>	
<u>B1=1 or</u>	<u>Comatose</u>
<u>G1Aa=3/4 or</u>	<u>Bed Mobility (extensive)</u>
<u>G1Ab=3/4</u>	<u>Transfer (extensive)</u>
<u>AND any 3 of the following:</u>	
<u>ICD 9 codes of</u>	
<u>(260, 261, 262, 263.0, 263.1, 262.2, 263.8, 263.9)</u>	<u>ICD 9-Malnutrition</u>
<u>ICD9 585</u>	<u>ESRD</u>
<u>I1a=1</u>	<u>Diebetes Mellitus</u>
<u>I1qq=1</u>	<u>Renal Failure</u>
<u>I1j=1</u>	<u>Peripheral Vascular disease</u>
<u>I1x=1</u>	<u>Paraplegia</u>
<u>I1z=1</u>	<u>Quadriplegia</u>
<u>I1w=1</u>	<u>Multiple Sclerosis</u>
<u>J5c=1</u>	<u>End stage disease</u>
<u>H1a=4</u>	<u>Incontinence of bowel</u>
<u>H1b=4</u>	<u>Incontinence of bladder</u>
<u>J1c=1</u>	<u>Dehydration</u>
<u>G6a=1</u>	<u>Bedfast</u>
<u>J2a=2</u>	<u>Pain daily</u>
<u>M3=1</u>	<u>History of resolved ulcers</u>
<u>AND all of the following</u>	
<u>M5a=1 and/or M5b=1</u>	<u>Pressure relieving device/chair</u>
<u>AND</u>	<u>Pressure relieving device/bed</u>
<u>M5c=1</u>	<u>Turn and position</u>
<u>AND</u>	
<u>M5d=1</u>	<u>Nutrition or hydration</u>
<u>AND</u>	
<u>M5e=1</u>	<u>Ulcer care</u>

### Traumatic Brain Injury

There are no minutes assigned to this area. It is strictly a \$50.00 add-on applied to residents meeting the following criteria.

<u>MDS item</u>	<u>Description</u>
<u>ADD-ON</u>	
<u>\$50</u>	
<u>I1cc=1</u>	<u>Traumatic Brain Injury</u>
<u>AND</u>	
<u>B1=0</u>	<u>Not Comatose</u>
<u>AND</u>	
<u>S1=0</u>	<u>Does not meet Subpart S criteria</u>
<u>AND</u>	
<u>E4aA=3 and E4aB=1</u>	<u>Wandering daily and alterability</u>
<u>or</u>	
<u>E4bA=3 and E4bB=1</u>	<u>Verbally abusive Behavioral symptoms daily and alterability</u>
<u>or</u>	
<u>E4cA=3 and E4cB=1</u>	<u>Physically abusive Behavioral symptoms daily and alterability</u>
<u>or</u>	
<u>E4dA=3 and E4dB=1</u>	<u>Socially inappropriate/disruptive Behavioral symptoms daily and alterability</u>
<u>or</u>	
<u>E4eA=3 and E4eB=1</u>	<u>Resists care daily and alterability</u>
<u>AND</u>	
<u>P1beA=1</u>	<u>Psychological therapy</u>
<u>AND</u>	
<u>P2a=1</u>	<u>Special behavior symptom evaluation</u>
<u>AND</u>	
<u>P2b=1</u>	<u>Evaluation by a mental health specialist in last 90 days</u>

8)6) Special Patient Need Factors

Communication

Count	MDS items	Description	Staff Minutes
I	C4 > 0 or  C6 > 0	Deficit in making self understood  Deficit in understanding others	1% of all staff time accrued in all categories from ADLs through <u>Exceptional Care Mental Health</u>

Vision Problems

Count	MDS items	Description	Staff Minutes
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I	D1 > 0 or	Vision impaired to Severely impaired	2% of all staff time accrued in all categories from ADLs through <u>Exceptional Care</u> <u>Mental Health</u>
	D2a = 1 or	Decreased peripheral vision	
	D2b = 1	Experience halos around lights, light flashes	

Accident/Fall Prevention

Count	MDS items	Description	Staff Minutes
I	<u>I1aa = 1 or</u>	<u>Seisure disorder</u>	3% of all staff time accrued in all categories from ADLs through <u>Exceptional Care</u> <u>Mental Health</u>
	<u>O4a-d = 7 or</u>	<u>Medications</u>	
	<u>H1b&gt;0 or</u>	<u>Incontinent urine</u>	
	<u>J1f = 1 or</u>	<u>Dizziness</u>	
	<u>G3a &gt; 0 or</u>	<u>Unable to maintain position as required for balance test while standing</u>	
	<u>G3b &gt; 0 or</u>	<u>Unable to maintain position as required for balance test while sitting</u>	
	J4a = 1 or J4b = 1 or	Fell in past 30 days Fell in past 31 – 180 days	
	J1n = 1 or E4aA > 0	Has unsteady gait Wandered in last 7 days	

Restraint Free

Count	MDS items	Description	Staff Minutes
I	P4c > 1 or	In last assessment: Used trunk restraint daily in last 7 days	2% of all staff time accrued in all categories from ADLs through <u>Exceptional Care</u> <u>Mental Health</u>
	P4d > 1 or	Used limb restraint daily in last 7 days	

P4e > 1	Used chair that prevents rising daily in last 7 days
And	And in current assessment:
P4c = 0 and	Not used trunk restraint in last 7 days
P4d = 0 and	Not used limb restraint in last 7 days
P4e = 0	Not used chair that prevents rising in last 7 days

Activities

Count	MDS items	Description	Staff Minutes
I	<p>N2 = 0 or 1  <del>AND and</del>  <u>Any of the following checked:</u></p> <p>(G6a = 1 or  C4 &gt; 1 or  C6 &gt; 1 or  E1o &gt; 0 or  <del>(AA3-a3a) / 365.25</del>  ≤ 50 or  E1p &gt; 0 or  E4a-e &gt; 0 or  <del>E4aA &gt; 0 or</del>  E4bA &gt; 0 or</p>	<p><u>Average time involved in activities</u> <del>involved in activities more than 1/3 of time</del></p> <p>Bedfast all or most of the time</p> <p>Sometimes <u>to</u> <del>or rarely or never</del> understood</p> <p>Sometimes <u>to</u> <del>or rarely or never</del> understands others</p> <p>Withdraws from <u>activity</u> <del>activities of interest more than 5 days a week</del></p> <p><u>Age is 50 or younger at Resident is 50 years of age or younger at the time of the assessment reference date</u></p> <p><u>Reduces</u> <del>Reduced</del> social <u>interactions</u> <del>interaction</del></p> <p><u>Any behavioral symptoms</u> <del>Wandering in last 7 days</del></p> <p><u>Verbally abusive in last 7 days</u></p>	<p>2% of all staff time accrued in all categories from ADLs through <u>Exceptional Care Mental Health</u></p>

<del>E4cA &gt; 0</del> or	<del>Physically abusive in last 7 days</del>
<del>E4dA &gt; 0</del> or	<del>Inappropriate or disruptive behavior in last 7 days</del>
E4eA > 0 or	<u>Resist care</u> <del>Resisted care in last 7 days</del>
<del>G4bB &gt; 0</del> or	<u>Limited ROM</u> <del>voluntary movement of arm</del>
<del>G4cB &gt; 0</del> or	<u>Limited ROM</u> <del>voluntary movement of hand</del>
<del>G4b-dB &gt; 0</del> or	<u>Any limited ROM</u> <del>Limited ROM</del>
<u>OR</u>	<del>voluntary movement of leg</del>
<del>N2=0 or 1</del> AND	<u>Average time involved in activities</u>
<del>E2 &gt; 0</del> AND and	<u>Mood persistence</u> <del>Indicators of being depressed</del>
<del>(E1a &gt; 0</del> or	<u>Made Negative</u> <del>negative statements</del>
E1n > 0 or	<u>Makes Repetitive</u> <del>repetitive physical movements</del>
E4eA > 0 or	<u>Resist care</u> <del>Resisted care in last 7 days</del>
E1o > 0 or	<u>Withdraws from activity</u> <del>activities of interest more than 5 days a week</del>
E1p > 0 or	<u>Reduced social interaction</u>
E1j > 0 or	<u>Unpleasant mood in morning</u> <del>more than 5 days a week</del>
N1d > 0 or	<u>Not awake all or most of the time</u>

<u>E1g &gt; 0 or</u>	<u>Statements that something terrible will happen</u>
<u>K3a = 1 or</u>	<u>Weight loss</u>
( <u>N1a,b,c &lt;or=1</u> and B1 =0) or <u>E1g &gt; 0 or</u>	Not awake all or most of the time <u>AND</u> Not comatose <del>Repeated statements that something terrible will happen</del>
<del>K3a = 1</del>	<del>Weight loss (5% in 30 days or 10% in 180 days)</del>

(Source: Amended at 30 Ill. \_\_\_\_\_, effective \_\_\_\_\_, 2006)