



**CASE MIX CLASSIFICATION  
MANUAL**

**FOR**

**NURSING FACILITIES**

**CASE MIX REVIEW**

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## **Preface**

### **History of Minnesota Case Mix**

In 1985 the Minnesota legislature established a case mix reimbursement system for residents in nursing homes. In 1998 U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) began to reimburse nursing homes for Medicare beneficiaries based on a case mix system called Prospective Payment System for Skilled Nursing Facilities. That system used information from the Minimum Data Set Version 2.0 (MDS 2.0) to classify residents. The 2001 Minnesota legislature passed legislation adapting the Resource Utilization Group (RUG-III) 34-group case mix model that had been developed by the CMS using the same MDS 2.0 information that was required by CMS to be used in Medicare and/or Medicaid certified nursing home. This model was implemented October 1, 2002, in Minnesota for the reimbursement of Medicaid recipients and private pay residents. The 2009 legislature enacted a provision that requires that Minnesota adopt the MDS 3.0 as the assessment instrument for case mix when implemented by CMS. The 2011 legislature enacted provisions that require the use of the RUG-IV, 48-group model, effective January 1, 2012. Currently, over 30 states have a case mix system, most of which are based on the RUG models.

In 1978 the Minnesota legislature enacted a law requiring that nursing homes cannot charge private pay residents more for the same services provided to Medicaid recipients.

### **Intent of this manual**

This Minnesota Case Mix Manual for Nursing Facilities describes the Minnesota Case Mix Classification System. This manual includes information specific to the Minnesota Case Mix System. The Minnesota Department of Health (MDH) will update this manual periodically. Facilities need to utilize the resources from the end of this manual to assure they have the most up to date information related to Case Mix and the MDS. The Minnesota Case Mix System is legislated by Minnesota Statutes §144.0724 and §256B.438.

The Minnesota Case Mix System relies on the data collected by the federal Minimum Data Set (MDS) – Version 3.0. Anyone who completes the Minimum Data Set (MDS) must follow the instructions in the Long-Term Care Facility Resident Assessment Instrument User's Manual Version 3.0.

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## **Minnesota Case Mix**

### **What is Case Mix?**

A case mix classification system is a means of classifying care based on the intensity of care and services provided to the resident. It takes into account diagnoses, conditions, treatments, and assistance with activities of daily living. It classifies residents into groups based on their likely use of resources.

### **Minnesota uses the MDS for Case Mix Classification**

Minnesota Case Mix is a system that classifies residents into distinct reimbursement groups called Resource Utilization Groups (RUGs) based on the care that the resident was receiving at the time of the assessment. Residents are assigned to these groups and classifications based on an assessment done by the staff at the nursing facility using the Resident Assessment Instrument (RAI).

The Minnesota Department of Human Services (DHS) establishes facility specific reimbursement rates for each case mix classification, including two Minnesota specific classifications. The rates are established annually based on the state budget enacted by the legislature.

This manual addresses the Minnesota Case Mix System. Facility staff must refer to the RAI manual for specific directions on coding the MDS.

### **Transition to RUG-IV – January 1, 2012**

Effective January 1, 2012, the RUG-IV, 48-group model will be used for case mix payment.

## **Case Mix Classifications using MDS**

### **MDS Assessments used to generate Minnesota Case Mix Classifications**

- Admission assessment
- Annual assessment
- Significant change in status assessments
- Quarterly assessments
- Significant correction to prior Comprehensive assessment
- Significant correction to prior Quarterly assessment

This includes modifications to the most recent assessment used to calculate a case mix classification

NOTE: Minnesota law requires the same assessment schedule as is required by the Omnibus Budget Reconciliation Act, 1987 (OBRA) regulations for nursing homes. It is not necessary to complete and submit additional MDS assessments for the Minnesota Case Mix System.

The chart on the following page is a comparison of assessment schedules between Minnesota Case Mix and OBRA.

## Table of Assessments used to generate Minnesota Case Mix Classifications

Case Mix Assessments	OBRA Assessments
<p><b>Admit:</b> Follow OBRA admission requirements Exception: facilities may opt for the <b>short stay rate</b> for all residents who stay less than 14 days</p>	<p><b>Admission Assessment:</b> The ARD and completion date must be no later than the 14th day of the resident's stay. Includes full MDS and CAAs.</p>
<p><b>Quarterly assessments:</b> Follow OBRA quarterly requirements.</p>	<p><b>Quarterly Assessment:</b> The ARD must be no later than 92 days after the ARD of the most recent OBRA assessment.</p>
<p><b>Annual:</b> Follow OBRA annual requirements</p>	<p><b>Annual Assessment:</b> The ARD must be no later than 366 days from the ARD of most recent OBRA comprehensive assessment and no later than 92 days after the ARD of the most recent OBRA assessment. Includes full MDS and CAAs.</p>
<p><b>Significant Change:</b> Follow OBRA significant change in status reassessment requirements.</p>	<p><b>Significant Change in Status Assessment:</b> The ARD and completion date must be no later than the 14th calendar day after determination that a significant change has occurred. Includes full MDS and CAAs. Resets the schedule for the next quarterly and annual assessments.</p>
<p><b>Significant Correction of Prior Full Assessment or Significant Correction of Prior Quarterly Assessment:</b> Follow OBRA requirements. Corrections will be applied to the most current assessment used for a Minnesota Case Mix classification.</p> <p><b>Note:</b> Discharge assessment and tracking records such as entry/reentry and death in facility do not generate a RUG classification but are required. Failure to complete any one of these may result in a delay in payment.</p>	<p><b>Significant Correction of Prior Full Assessment:</b> The ARD and completion date must be within 14 days of the identification of a major, uncorrected error in a prior comprehensive assessment. Includes full MDS and CAAs. Resets the schedule for the next annual and quarterly assessments.</p> <p><b>Significant Correction of Prior Quarterly Assessment:</b> The ARD and completion date must be within 14 days of the identification of a major, uncorrected error in a prior quarterly assessment. Resets the schedule for the next quarterly assessment.</p>

**MDS Entry Tracking record is required prior to the submission of assessments in MDS 3.0**

The MDS Entry Tracking record is not an assessment and **MAY NOT** be combined with any assessment. It is a stand-alone record and must be received before any assessments will be processed for Case Mix. The Entry Tracking record may be submitted in the same batch as assessments.

**NOTE:** When an assessment is not accepted in the QIES ASAP system, a case mix classification will not be generated and therefore the facility will not receive a case mix classification for billing purposes.

**MDS Assessments Used for Minnesota Case Mix Classification and Payment**

<b>MDS Assessment</b>	<b>Effective Date for Payment</b>
Admission (A0310A = 01)	Date of Admission
Significant Change ( A0310A = 06)	Assessment Reference Date
Annual (A0310A = 03)	First Day of the month following the Assessment Reference Date
Quarterly (A0310A = 02)	First Day of the month following the Assessment Reference Date
Significant Correction of the most recent assessment used to calculate a Case Mix Classification ( A0310A = 05 or 06 )	Original Effective Date
Modification of the most recent assessment used to calculate a Case Mix Classification (A, B, C, D, or Z checked in X0900)	Original Effective Date, unless the modification included a correction of the original ARD.

## Admission Scenarios

### Facility has elected to complete an Admission assessment (A0310A = 01) for all residents

To establish a Minnesota Case Mix Classification for a resident in the Case Mix System the following two records must be submitted and accepted into the QIES ASAP system:

1. Entry Tracking record (A0310F = 01)
- AND**
2. Admission assessment (A0310A = 01).

The scenarios listed on the following pages are common scenarios that may occur upon a resident's admission to a facility and is not a complete list of all possible scenarios. Facilities that have scenarios not listed may call the Case Mix Review Program.

For further information and for directions on coding item A1700 (Type of Entry), consult Chapter 2 of the RAI User's Manual.

<b>Admission Scenarios – Table #1</b>	
<b>Resident discharged or died prior to completion of Admission assessment</b>	
Facility elected to complete Admission assessments on all residents	
<b>Scenario</b>	<b>Facility Action</b>
Resident dies prior to completion of Admission assessment (A0310A = 01)	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01)* Submit Death in Facility tracking record (A0310F = 12)
Resident discharged return not anticipated prior to completion of Admission assessment (A0310A = 01)	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01)* Submit Discharge assessment (A0310F = 10)
Resident discharged return anticipated prior to completion of Admission assessment (A0310A = 01); Resident does not return to the facility	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11) Submit Admission assessment (A0310A = 01)*
Resident discharged return anticipated prior to completion of Admission assessment (A0310A = 01); Resident returns to facility within 30 days.	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11) <b>Upon resident's return to the facility:</b> Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A = 01) <b>Note:</b> the combination of Discharge assessment (A0310F = 11) and Entry Tracking record may be repeated several times until the resident stays 14 consecutive days and an Admission assessment is required.
<b>*Note:</b> See the RAI Manual, Chapter 3, Section V Clarifications for guidelines related to completing a comprehensive assessment when the resident has been discharged.	

**Admission Scenarios – Table #2**  
**Admission Assessment was completed prior to Death or Discharge**  
Facility elected to complete Admission assessments on all residents

Scenario	Facility Action
Resident dies in facility	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01) Submit Death in Facility tracking record (A0310F = 12)
Resident is discharged return not anticipated.	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01) Submit Discharge assessment (A0310F = 10)
Resident is discharged return anticipated. Resident does not return to the facility.	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01) Submit Discharge assessment (A0310F = 11)
Resident is discharged return anticipated. Resident returns to the facility within 30 days of discharge	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01) Submit Discharge assessment (A0310F = 11) <b>Upon resident's return to the facility:</b> Submit Entry Tracking record (A0310F = 01 and <b>A1700 = 2</b> )
Resident is discharged return anticipated. Resident returns to the facility greater than 30 days after discharge.	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A= 01) Submit Discharge assessment (A0310F = 11) <b>Upon resident's return to the facility:</b> Submit Entry Tracking record (A0310F = 01 and <b>A1700 = 1</b> ) Submit Admission assessment (A0310A= 01)

## Short Stay Scenarios

### Facility Elected the Short Stay Rate for all Residents who Stay less than 14 Days

To establish a Minnesota Case Mix Classification for a resident in the Case Mix System, the following records and assessments must be submitted and accepted into the QIES ASAP system.

- Entry Tracking record (A0310F = 01) **and** an Admission assessment (A0310A = 01)
  - **OR**
- Entry Tracking record (A0310F = 01) **and** a discharge assessment (A0310F = 10 or A0310F = 11) or a death in facility record (A0310F = 12).

The following scenarios apply to facilities that have elected to accept the short stay rate for all short stay residents in lieu of submitting an Admission assessment for residents who stay less than 14 days.

For further information and for directions on coding item A1700 (Type of Entry), consult Chapter 2 of the RAI User's Manual.

<b>Short Stay Scenarios Table #1</b>	
<b>Resident discharged or died prior to completion of Admission assessment</b>	
Facility elected the Short Stay Rate for all Residents who stay less than 14 days	
<b>Scenario</b>	<b>Facility Action</b>
Resident dies prior to completion of Admission assessment (A0310A = 01).	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Death in Facility tracking record (A0310F = 12)
Resident discharged return not anticipated prior to completion of Admission assessment (A0310A = 01).	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 10)
Resident discharged return anticipated prior to completion of Admission assessment (A0310A = 01); Resident does not return to the facility.	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11)

## Short Stay Scenarios Table #2

### Resident discharged return anticipated prior to completion of Admission assessment and resident returns to facility

Facility elected the Short Stay Rate for all Residents who stay less than 14 days

Scenario	Facility Action
Resident discharged return anticipated prior to completion of Admission assessment (A0310A = 01); Resident returns to the facility and dies prior to the end of day 14	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11) <b>Upon resident's return to the facility:</b> Submit Entry Tracking record (A0310F = 01 and <b>A1700 = 1</b> ) Submit Death in Facility tracking record (A0310F = 12)
Resident discharged return anticipated prior to completion of Admission assessment (A0310A = 01); Resident returns to the facility and is discharged return not anticipated prior to the end of day 14.	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11) <b>Upon resident's return to the facility:</b> Submit Entry Tracking record (A0310F = 01 and <b>A1700 = 1</b> ) Submit Discharge assessment (A0310F = 10)
Resident discharged return anticipated prior to completion of Admission assessment (A0310A = 01); Resident returns to the facility and is discharged return anticipated prior to the end day of 14.	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11) <b>Upon resident's return to the facility:</b> Submit Entry Tracking record (A0310F = 01 and <b>A1700 = 1</b> ) Submit Discharge assessment (A0310F = 11)
Resident discharged return anticipated prior to completion of Admission assessment (A0310A = 01); Resident returns to facility and remains in facility longer than 14 days.	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Discharge assessment (A0310F = 11) <b>Upon resident's return to the facility:</b> Submit Entry Tracking record (A0310F = 01 and <b>A1700 = 1</b> ) Submit Admission assessment (A0310A = 01)

<b>Short Stay Scenarios – Table #3</b> <b>Admission Assessment was Completed prior to Death or Discharge</b> Facility elected the Short Stay Rate for all Residents who stay less than 14 days	
<b>Scenario</b>	<b>Facility Action</b>
Resident dies in facility	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A = 01) Submit Death in Facility tracking record (A0310F = 12)
Resident is discharged return not anticipated.	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A = 01) Submit Discharge assessment (A0310F = 10)
Resident is discharged return anticipated. Resident does not return to the facility.	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A = 01) Submit Discharge assessment (A0310F = 11)
Resident is discharged return anticipated. Resident returns to the facility within 30 days of discharge.	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A = 01) Submit Discharge assessment (A0310F = 11) <b>Upon resident's return to the facility:</b> Submit Entry Tracking record as re-entry (A0310F = 01 and <b>A1700 = 2</b> )
Resident is discharged return anticipated. Resident returns to facility greater than 30 days after discharge.	Submit Entry Tracking record (A0310F = 01 and A1700 = 1) Submit Admission assessment (A0310A = 01) Submit Discharge assessment (A0310F = 11) <b>Upon resident's return to the facility:</b> Submit Entry Tracking record (A0310F = 01 and <b>A1700 = 1</b> ) Submit Admission assessment (A0310A = 01)

## **Resource Utilization Groups (RUGs) groups – determine Minnesota Case Mix**

Resource Utilization Groups are a type of case mix classification system. These groups are determined by the coding of specific MDS items related to the amount of assistance the resident received with activities of daily living plus selected treatments, health conditions, diagnoses, behavior and cognitive status. Minnesota utilizes the RUG-IV, 48-group model, and the two additional Minnesota specific classifications which are:

- **penalty** for an assessment that is completed and or submitted more than seven days later than the due date and
- **default** for new admissions with a stay of less than 14 days when the facility has elected to accept the default rate for all short stay residents.

The RUG-IV system was developed by CMS for use with MDS 3.0. The RUG-IV, 48-group model is effective for MDS assessments used for assessments with a case mix effective date of January 1, 2012. MDS assessments with a case mix effective date prior to January 1, 2012, that are received and processed after January 1, 2012, will have both a RUG-III classification that will be effective through December 31, 2011, and a RUG-IV classification effective on January 1, 2012.

MDS software will generate both a RUG-III and RUG-IV classification. These classifications should appear in Section Z as follows:

- Z0200A is the RUG-IV classification and
- Z0250A is the RUG-III classification.
  - **Note: Software should automatically populate these fields but it is important that you verify they are populating correctly when you first set up your software.**

Please see the appendix for complete descriptions of both the RUG-III, 34-group model and the RUG-IV, 48-group model using MDS 3.0 data.

## Index maximizing

In Minnesota, if a resident qualifies for more than one case mix classification, the classification with the highest index or weight is the one used for payment. This is referred to as index maximizing. For example, if a resident qualifies for both the RUG-IV case mix classification RAC, with an index of 1.36, and HC2, with an index of 1.57, the resident would be assigned to the HC2 classification because it has the highest index.

Table of RUG-IV Indices								
RUG-IV	RUG-IV Group	Index	RUG-IV Group	Index	RUG-IV Group	Index	RUG-IV Group	Index
	ES3	3.00	CD1	1.15	PD2	1.15	BB1	0.75
	ES2	2.23	RAC	1.36	RAB	1.10	CA2	0.73
	ES1	2.22	HD1	1.33	CC2	1.08	PB2	0.70
	HE2	1.88	LC2	1.30	PD1	1.06	CA1	0.65
	HD2	1.69	CD2	1.29	LC1	1.02	PB1	0.65
	RAE	1.65	LE1	1.26	CC1	0.96	BA2	0.58
	LE2	1.61	CE1	1.25	LB1	0.95	BA1	0.53
	RAD	1.58	PE2	1.25	CB2	0.95	PA2	0.49
	HC2	1.57	HC1	1.23	PC2	0.91	PA1	0.45
	HB2	1.55	HB1	1.22	CB1	0.85	<b>Minnesota Classifications</b>	
	LD2	1.54	LD1	1.21	PC1	0.85		
	HE1	1.47	LB2	1.21	RAA	0.82	AAA	0.45
	CE2	1.39	PE1	1.17	BB2	0.81	DDF	1.0

Table of RUG-III Indices								
RUG-III	RUG-III Group	Index	RUG-III Group	Index	RUG-III Group	Index	RUG-III Group	Index
	SE3	2.02	RAB	1.20	PD1	0.84	PA2	0.60
	SE2	1.71	CB2	1.14	PC2	0.84	BA1	0.59
	RAD	1.62	RAA	1.04	PC1	0.84	PA1	0.59
	SE1	1.51	CB1	1.04	IB1	0.74	IA1	0.53
	CC2	1.49	CA2	1.04	BB2	0.73		
	SSC	1.40	PE2	1.00	IA2	0.69		
	SSB	1.32	PE1	0.98	BB1	0.69	<b>Minnesota Classifications</b>	
	RAC	1.28	CA1	0.92	PB2	0.63		
	CC1	1.25	IB2	0.85	PB1	0.63	BC1	0.53
	SSA	1.23	PD2	0.85	BA2	0.61	DDF	1.00

## **Minnesota Specific Case Mix Classifications**

Minnesota has two case mix classifications in addition to the standard RUG groups. These are the short stay rate (DDF) and the penalty rate (BC1 for RUG-III and AAA for RUG-IV.)

### **Short stay rate**

Facilities may elect to accept a short stay rate, DDF, with a case mix index of 1.0 for all facility residents who stay less than 14 days in lieu of submitting an Admission assessment. This election is made yearly and is effective July 1.

### **Penalty Rate**

The Minnesota penalty rate is the lowest possible facility specific rate and is assigned for failure to complete and/or submit valid assessments within seven days of the time required. The penalty rate has an index of 0.53 for RUG-III and an index of 0.45 for RUG-IV. For new admissions, the penalty rate is in effect from the date of admission until the first of the month following submission and acceptance of the assessment into the QIES ASAP system. For all other assessments, the penalty rate is in effect from the time the assessment was due until the first of the month following submission and acceptance of the assessment into the QIES ASAP system.

### **Resident Notification of Case Mix Classification**

Facility staff must provide case mix classification notices to all residents. The Resident Classification Notices and Checklists are accessed through the Minnesota State Case Mix reports page on the MDS submission web site. **The checklists are for internal facility use only. They contain private data, including partial social security numbers. The checklists must be treated as private data.**

For further information about resident notification and a description of the types of notices please read the Instructions for Accessing Electronic Case Mix Classification Notices located at:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/EnoticesRev0508.pdf>

### **E-mail notification that notices have been posted**

Nursing facilities have the option of receiving e-mail notification that the notices have been posted to the web site and are available to download, print and distribute. The facility has three business days from the time the notices are posted on the web site to download and print (**with no modifications or additions**) and then distribute the notices to the resident or resident's representative.

A nursing facility may provide up to five (5) email addresses. Facilities may add, edit or delete the email addresses any time during the year, by logging onto the election web site at <https://pqc.health.state.mn.us/CmrFacOpt/nhLogin.jsp>. The login ID and password are included in the letter sent to the facility related to the annual short stay election.

If a nursing facility does not choose the e-mail option, the facility will be

responsible for checking the State Reports Page on the MDS submission web site frequently to provide timely distribution of the notices. MDS assessments not processed by the Case Mix Review Program due to an error will appear on the Case Mix Validation report in Section 2 “Assessments Not Accepted into the Minnesota Case Mix Database”. When the error has been resolved and the assessment processed, the Case Mix Classification notice will be posted. The facility is responsible for checking the web site frequently for new postings.

### **Modifications/Corrections**

If a facility submits a correction (modification) to the most recent assessment used for a case mix classification, and the modification results in a change in case mix classification, the facility must give written notice to the resident or the resident's representative about the item or items that were modified and the reason for the modification. The notice of modified assessment may be provided at the same time that the resident or resident's representative is provided the resident's modified notice of classification. [MS §144.0724 Subd. 7(b)] The following sample letter contains the minimum content that could be used for a notice of modified assessment.

#### **SAMPLE LETTER: Facility notifies resident/representative of modification**

*Name of resident or representative*  
*Address*  
*City, State, Zip co*

Date

Dear (*Resident*):

This notice is to inform you that (*Insert Name of Facility*) has made a correction (modification) to the MDS assessment completed on (*Insert Date of Completion*) for (*Insert Name of Resident*). The modification was made to (*Insert name of item(s) modified*). This modification was done because (*Insert reason for modification*). This may result in a change in the Case Mix classification.

You will receive an official notice of the new case mix classification which will state your right to request a reconsideration of this case mix classification.

Sincerely,

## **Medicaid Numbers – Adding or Modifying**

To receive Medicaid payments for a resident, the correct PMI (MA) number for the resident must be on the most recent MDS 3.0 record or assessment for the resident and all subsequent MDS 3.0 records or assessments submitted for the resident. The most recent MDS 3.0 record refers to any of the following:

- entry tracking record
- OBRA assessment
- PPS assessment
- death in facility tracking record
- discharge assessment
- any combined assessments

The PMI (MA) number is listed in section A0700, Medicaid number on the MDS form. The facility may include the new MA number on the next MDS record or assessment submitted to the QIES ASAP system or modify the most recent MDS 3.0 record or assessment. See the RAI Manual for instructions on modifying an MDS assessment or record.

If the MA number is not eight (8) digits in length or is not included on the most recent record or assessment it will not be displayed on the Case Mix Validation Report or transmitted to DHS for payment. Reminder: if the most recent record or assessment is a Medicare assessment, the information will be listed only on the CMS . . . Final Validation Report and not the Case Mix Validation Report.

If payment is not received within four weeks of submission of the correct MA number on the most recent record or assessment for the resident, please contact Case Mix Review Program staff.

### **Penalty for Late or Non-submission**

A facility that fails to complete and/or submit a valid assessment for a case mix classification within seven days of the time required by federal regulations is subject to a reduced rate for that resident. Assessments must be accepted into the QIES ASAP System to be considered submitted. Facilities are responsible to monitor the CMS . . . Final Validation Report to ensure assessments are accepted and errors are resolved as needed. The reduced rate will be the lowest rate for that facility. The reduced rate is effective on the day of admission for new Admission assessments or on the day the assessment was due for all other assessments. The reduced rate continues in effect until the first day of the month following the date of submission of the resident's assessment.

The table on the next page contains timelines for when penalties apply to assessments that are completed late. Refer to CMS Long-Term Care Facility Resident Assessment Instrument User's Manual Version 3.0 for further information about assessment schedules.

**Minnesota Penalties for late completion and late submission of MDS.**

<b>Type of Record</b>	<b>Assessment Reference Date (ARD) no later than</b>	<b>Minnesota Penalty date for late ARD</b>	<b>Complete by</b>	<b>Minnesota Penalty date for late completion</b>	<b>Must be transmitted &amp; accepted no later than</b>	<b>Minnesota Penalty date for late submission &amp; acceptance</b>
Admission assessment A0310A = 01	14th calendar day of the resident's admission (admission date + 13 calendar days)	21st calendar day of the resident's admission (admission date + 20 calendar days)	14th calendar day of the resident's admission (admission date + 13 calendar days)	V0200B2 (CAA completion date) + 7 calendar days	V0200C2 (Care plan completion) + 14 calendar days	V0200C2 + 21 calendar days
Quarterly Assessment A0310A = 02	ARD of previous OBRA assessment of any type + 92 calendar days	ARD of previous OBRA assessment of any type + 99 calendar days	ARD + 14 calendar days	Z0500B (RN signs as complete) + 7 calendar days	Z0500B (RN signs as complete) + 14 calendar days	Z0500B + 21 calendar days
Annual Assessment A0310A = 03	ARD of previous OBRA comprehensive assessment + 366 calendar days AND ARD of previous OBRA Quarterly assessment + 92 calendar days	ARD of previous OBRA comprehensive assessment + 373 calendar days AND ARD of previous OBRA Quarterly assessment + 99 calendar days	ARD + 14 calendar days	V0200B2 (CAA completion date) + 7 calendar days	V0200C2 (Care Plan completion) + 14 calendar days	V0200C2 + 21 calendar days
Significant Change in Status Assessment A0310A = 04	14th calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days)	21st calendar day after determination that significant change in resident's status occurred (determination date + 21 calendar days)	14th calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days)	V0200B2 (CAA completion date) + 7 calendar days	V0200C2 (Care Plan completion) + 14 calendar days	V0200C2 + 21 calendar days
Discharge Assessment (Only for Facilities electing short stay) A0310F = 10 or 11	N/A	N/A	Discharge Date + 14 calendar days	Z0500B (RN signs as complete) + 21 calendar days	Z0500B (RN signs as complete) + 14 calendar days	Z0500B + 21 calendar days
Death in Facility Tracking record only for facilities electing short stay A0310F = 12	N/A	N/A	Discharge (death) Date + 7 calendar days	Death date + 14 calendar days	Death date + 14 calendar days	Death date + 21 calendar days

## **Electronic Submission of MDS Data**

Facility staff are required to submit completed MDS assessments to the QIES ASAP System. There is a separate manual that gives instructions for electronic submission. This manual can be downloaded from the QIES Technical Support Office (QTSO) at <https://www.qtso.com/mds30.html> Click on the section below MDS 3.0 Provider User's Guide and select "Section 3 – Functionality".

Any questions about electronic submission should be directed to the MDS Automation help desk at 651-201-3817; or toll free 1-888-234-1315.

## **Minnesota Case Mix Validation Report**

Following each submission of MDS OBRA assessments used for Minnesota Case Mix Classifications, a Minnesota Case Mix Validation Report will be generated. The report will provide the nursing facility with the official Minnesota Case Mix Classification for each resident. **The Case Mix Validation Reports contain private data, including partial social security numbers. The validation reports must be treated as private data.**

The Minnesota Case Mix Validation Report is available approximately 48 hours after MDS OBRA required assessments are accepted into the QIES ASAP system and is available each day that MDS OBRA required assessments are accepted into the Minnesota Case Mix System. From the Welcome to the CMS MDS System page, click on the MDS 2.0 Submissions link and login in, next click on the link "Receive Minnesota State Case Mix State Reports" then click on "cmrmm/dd/yyyy.pdf" to receive the Minnesota Case Mix Validation Report.

The Minnesota Case Mix Validation Report will also list assessments that, upon submission, were not accepted into the Minnesota Case Mix System, but were resolved and processed, or were deleted, at a later date. The entire Minnesota Case Mix Validation Report should be reviewed.

To avoid common errors, facility staff are advised to read and follow: Chapter 2: Assessments for the Resident Assessment Instrument (RAI) in the Long-Term Care Facility Resident Assessment Instrument User's Manual Version 3.0.

The following are screen shots of a sample Case Mix Validation Report.

Report run on: 09/17/2010      MN Case Mix Validation Report      Page 1  
 Name MINNESOTA TEST FACILITY      HFID: 11111

**1. Assessments Accepted into MN Case Mix Database on 09/17/2010**

Resident Name	SSN	PMI #	Assessment Ref. Date	A0310A	A0310F	A1700	CMR RUGS 3	CMR RUGS 4	CMR Eff. Date	Submit Date	Penalty Eff. Date	Penalty Exp. Date
DOE JANE	000000000	000000000	10/03/2010		01	1			10/01/2010	11/10/2010		
DOE RICHARD	000000000	000000000	10/07/2010	01			PD2	PD2	10/01/2010	11/10/2010		
DOE SAMUEL	000000000	000000000	10/04/2010	01			SE2	ES1	08/10/2010	11/10/2010	08/10/2010	10/31/2010

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**2. Assessments Not Accepted into MN Case Mix Database on 09/17/2010 Because of Errors**

Resident Name	SSN	PMI #	Assessment Ref. Date	A0310A	A0310F	A1700	CMR RUGS 3	CMR RUGS 4	CMR Eff. Date	Submit Date
DOE ANN Invalid Sequence	000000000	000000000	10/03/2010	02			PA1	PA1		10/11/2010

Name MINNESOTA TEST FACILITY      HFID: 11111

**3. Assessments With Errors resolved and processed on 09/17/2010**

Resident Name	SSN	PMI #	Assessment Ref. Date	A0310A	A0310F	A1700	CMR RUGS 3	CMR RUGS 4	CMR Eff. Date	Submit Date	Penalty Eff. Date	Penalty Exp. Date
DOE JOHN	000000000	000000000	10/03/2010	03			PA1	PA1	11/01/2010	10/11/2010		

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**4. Assessments Deleted from MN Case Mix Database on 09/17/2010**

Resident Name	SSN	PMI #	Assessment Ref. Date	A0310A	A0310F	A1700	CMR RUGS 3	CMR RUGS 4	Submit Date
DOE JANE	000000000	000000000	10/03/2010		01	1			10/05/2010

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**5. Assessments Deleted from MN Case Mix Database Assessment History on 09/17/2010**

Resident Name	SSN	PMI #	Assessment Ref. Date	A0310A	A0310F	A1700	CMR RUGS 3	CMR RUGS 4	Submit Date
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The Minnesota Case Mix Validation Report has five (5) sections. The sections of the Case Mix Validation Report and the content of each section is described in the following paragraphs.

**Section 1 of Case Mix Validation Report: Assessments Accepted into Minnesota Case Mix Database on (Date)**

This section identifies assessments that were accepted into the Minnesota Case Mix System upon submission by the facility. Assessments used for payment will have a case mix classification for RUG-III and RUG-IV and the case mix effective date. Short stay classifications will be listed. Penalty effective and expiration dates will be listed.

The PMI# for Medicaid residents can be verified in this section.

**Section 2 of Case Mix Validation Report: Assessments Not Accepted into Minnesota Case Mix Database Because of Errors on (Date)**

Facilities are responsible for assuring that all OBRA required assessments used by Minnesota Case Mix have been accepted into the QIES ASAP system and any issues resolved as needed. Case Mix does not receive assessments until at least 48 hours after they have been **accepted** into the QIES ASAP system with all issues resolved.

The assessments listed in this section are the result of Case Mix System edit checks. A message or messages are listed with each assessment regarding the edit check.

**Section 3 of Case Mix Validation Report: Assessments with Errors Resolved and Accepted into Minnesota Case Mix Database on (Date)**

Assessments reviewed, resolved, and processed by CMR staff, to be accepted into the Minnesota Case Mix System, will appear in this section. Assessments used for payment will have a case mix classification for RUG-III and RUG-IV and the case mix effective date. Short stay classifications will be listed. Penalty effective and expiration dates will be listed.

The PMI# for Medicaid residents can be verified in this section.

**Section 4 of Case Mix Validation Report: Assessments Deleted from Minnesota Case Mix Database Suspense Table on (Date)**

Assessments listed in Section 2 of the Minnesota Case Mix Validation Report with errors that were not resolved will appear in this section.

If the facility staff believes that the deleted record was required for payment, contact Case Mix Review staff.

For Discharge Assessments and Death in Facility records that appear in this section; contact Case Mix Review staff to verify that the Entry Tracking Record and Admission assessment were submitted and accepted into QIES ASAP and accepted into the Minnesota Case Mix System.

**Section 5 of Case Mix Validation Report: Assessments Deleted from Minnesota Case Mix Database Assessment History on (Date)**

The assessment was accepted by the Minnesota Case Mix System based on information at the time the assessment was accepted into the QIES ASAP system. Additional information accepted into the QIES ASAP system indicates that this assessment is no longer valid.

## **Request for Reconsideration of a Resident's Case Mix Classification**

The resident, or resident's representative, or the nursing facility or boarding care home may request a reconsideration of the assigned case mix classification using the "Request for Reconsideration of Resident's Case Mix Classification" form. The request for reconsideration must be submitted in writing to the Minnesota Department of Health within 30 days of the day the resident or the resident's representative receives the resident classification notice. The request for reconsideration must include all of the following:

- The name of the resident
- The name and address of the facility in which the resident resides
- The reasons for the reconsideration
- The requested classification change
- Documentation supporting the requested classification.

The documentation accompanying the reconsideration request is limited to documentation which establishes that the needs of the resident at the time of the assessment justifies a classification which is different than the assigned case mix classification.

**Note:** After a request for reconsideration is received by the Case Mix Review program, the documentation from the clinical record is reviewed by CMR staff to determine if the MDS assessment used to determine the classification was coded accurately.

Minnesota Statute §144.0724 Subd. 8

*(d) Reconsideration by the commissioner must be made by individuals not involved in reviewing the assessment, audit, or reconsideration that established the disputed classification. The reconsideration must be based upon the initial assessment and upon the information provided to the commissioner under paragraphs (a) and (b). If necessary for evaluating the reconsideration request, the commissioner may conduct on-site reviews. Within 15 working days of receiving the request for reconsideration, the commissioner shall affirm or modify the original resident classification. The original classification must be modified if the commissioner determines that the assessment resulting in the classification did not accurately reflect the needs or assessment characteristics of the resident at the time of the assessment. The resident and the nursing facility or boarding care home shall be notified within five working days after the decision is made. A decision by the commissioner under this subdivision is the final administrative decision of the agency for the party requesting reconsideration.*

*(e) The resident classification established by the commissioner shall be the classification that applies to the resident while the request for reconsideration is*

*pending. If a request for reconsideration applies to an assessment used to determine nursing facility level of care under subdivision 4, paragraph (c), the resident shall continue to be eligible for nursing facility level of care while the request for reconsideration is pending.*

### **Resident or Representative Initiated Reconsideration**

Upon written request, the nursing facility must give the resident or the resident's representative the following items.

1. a copy of the assessment form
2. documentation used to support the assessment findings
3. copy of other information from the resident's record that has been requested by or on behalf of the resident to support a resident's reconsideration request

A copy of any requested material must be provided within three working days of receipt of a written request for the information. If a facility fails to provide the material within this time, it is subject to the issuance of a correction order and penalty assessment under sections §144.653 and §144A.10 of the Minnesota Statutes. The correction order will require that the nursing facility immediately comply with the request for information. Noncompliance may result in fines.

### **Facility Initiated Reconsideration**

A reconsideration request from a nursing facility **MUST** contain the following additional information:

- The date the resident classification notices were received by the facility;
- The date the classification notices were distributed to the resident or the resident's representative
- A copy of the notice sent to the resident or to the resident's representative. This notice must inform the resident or the resident's representative that a reconsideration of the resident's classification is being requested, the reason for the request, that the resident's rate will change if the request is approved, the extent of the change, that copies of the facility's request and supporting documentation are available for review, and that the resident also has the right to request a reconsideration.

The following is an excerpt from Minnesota Statute 144.0724 Subd. 8 -

**“(c) If the facility fails to provide the required information with the reconsideration request, the request must be denied, and the facility may not make further reconsideration requests on that specific reimbursement classification.”**

**See the sample on the next page.**

Read instructions on previous page.

**Sample Notice: Facility is requesting a reconsideration**

Resident Name  
Address  
City, State, Zip code  
Date

This notice is to inform you that *(Insert facility name)* is requesting a reconsideration of the case mix classification assigned to *(Resident's name)* by the Minnesota Department of Health. We feel that the assessment is inaccurate in the following areas:

*(Insert paragraph with reason for requesting reconsideration here.)*

The present case mix classification assigned is *(insert old case mix classification)*, for which the rate is \$ *(insert old rate)* per day. If the reconsideration request is granted, the case mix classification would change to *(insert new case mix classification)*, and the rate would be \$ *(insert new rate)* per day.

Copies of the request and supporting documentation are available for your review and may be obtained from the Director of Nursing. You also have the right to request a reconsideration if you do not agree with the determination.

Sincerely,



## Request for Reconsideration Form For Resident Case Mix Classification

Case Mix Review, P.O. Box 64938, St. Paul, MN 55164-0938

Complete all areas of this form and send to the above address with the following:

- A copy of the resident's MDS assessment form
- Documentation from the medical record that establishes the residents needs **at the time of the assessment**.
- A brief description of the basis for your disagreement with the case mix classification

**Note:** The Facility must provide a copy of the MDS assessment and any requested material to the resident or resident's representative within three working days of a written request.

This request and additional documentation must be submitted within 30 days of the receipt of the case mix classification notice. See Consumer Fact Sheet #4 (Requesting a Reconsideration) for additional information.

Resident Name \_\_\_\_\_

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

**Brief Description of Reason for Request:** (Use back or attach additional pages as necessary)

- Request Submitted By :**
- Resident
  - Resident's authorized representative
  - Authorized representative of the facility

I signify by my signature that these statements are correct and factual.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<p><b>Note:</b> A facility requesting a reconsideration must provide notice of the request to the resident or their representative and <b>must include a copy of that notice with this reconsideration request</b>. See the MDH Case Mix Classification Manual for Nursing Facilities.</p>		
<p>Note: to be completed for facility initiated request only</p>	<p>Date the facility received the classification notice:</p>	
	<p>Date the facility distributed the notices:</p>	

## **Audits of the assessments used for Case Mix Classifications**

A percentage of MDS assessments used for Minnesota Case Mix Classifications are audited for accuracy by MDH staff. Audits may be performed through desk audits or on site review. On site audits are unannounced and may include review of residents' records, observations of residents, and interviews with residents, staff, and families. Residents may be reclassified if MDH staff determine that the resident was incorrectly classified. Within 15 working days of the audit completion, MDH will post electronic notices of the case mix classification for each resident whose case mix classification has changed subsequent to the audit.

Audits consist of general pool audits for all facilities or targeted audits if problems are noted with a facility's completion and submission of MDS assessments. For example, a facility may be subject to a targeted audit if there is an atypical pattern of scoring MDS items, assessments are not being submitted, assessments are late, or a facility has a history of audit changes of greater than 35 percent. Depending on audit results, the sample of assessments being audited may be expanded up to 100%.

Facilities that are not a part of the targeted group shall be placed in a general pool from which facilities will be selected on a random basis for audit. Every facility shall be audited annually. If a facility has two successive audits with five percent or less percentage of change and the facility has not been the subject of a targeted audit in the past 36 months, the facility may be audited biannually.

If a facility qualifies for an expanded audit, the commissioner may audit the facility again within six months. If a facility has two expanded audits within a 24-month period, that facility will be audited at least every six months for the next 18 months.

The commissioner may conduct special audits if the commissioner determines that circumstances exist that could alter or affect the validity of case mix classifications of residents. These circumstances include, but are not limited to, the following:

- (i) frequent changes in the administration or management of the facility;
- (ii) an unusually high percentage of residents in a specific case mix classification;
- (iii) a high frequency in the number of reconsideration requests received from a facility;
- (iv) frequent adjustments of case mix classifications as the result of reconsiderations or audits;
- (v) a criminal indictment alleging provider fraud; or
- (vi) other similar factors that relate to a facility's ability to conduct accurate assessments.

## **Appendix**

Diagram of RUG-IV Group

Diagram of RUG-III Group

Glossary

Resources



**MDS 3.0 RUG-IV DECISION TREE – 48-GROUP**  
**Minnesota Case Mix System**

Category (Description)	ADL Score	End Splits or Special Requirements	MN RUG-IV Group
<b>Extensive Services</b> (At least one of the following ♦.) ♦ Tracheostomy Care while a resident (O0100E2)  ♦ Ventilator or respirator while a resident (O0100F2)  ♦ Infection isolation while a resident (O0100M2)	>= 2	Tracheostomy care <b>and</b> ventilator/respirator	ES3
	>= 2	Tracheostomy care <b>or</b> ventilator/respirator	ES2
	>= 2	Infection isolation: • <b>without</b> tracheostomy care • <b>without</b> ventilator or respirator care	ES1
<b>Rehabilitation</b> ♦ 5 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C4] AND 150 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days [O0400A1, O0400A2, O0400A3; O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3] <p style="text-align: center;"><b>OR</b></p> ♦ 3 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C4] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days [O0400A1, O0400A2, O0400A3; O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3] AND at least 2 nursing rehabilitation services (See nursing rehabilitation qualification description in this document.)	15-16	None	RAE
	11-14	None	RAD
	6-10	None	RAC
	2-5	None	RAB
	0-1	None	RAA

Category (Description)	ADL Score	End Splits or Special Requirements	MN RUG-IV Group	
<p><b>Special Care High</b> (ADL Score of <math>\geq 2</math> or more and at least one of the following ♦.)</p> <ul style="list-style-type: none"> <li>♦ Comatose (B0100) and completely ADL dependent or ADL did not occur (G0100A1, G0100B1, G0100H1, G0100I1 all = 4 or 8)</li> <li>♦ Septicemia (I2100)</li> <li>♦ Diabetes (I2900) with <b>both</b> of the following:                             <ul style="list-style-type: none"> <li>• Insulin injections for all 7 days (N0350A = 7)</li> <li>• Insulin order changes on 2 or more days (N0350B <math>\geq 2</math>)</li> </ul> </li> <li>♦ Quadriplegia (I5100) with ADL score <math>\geq 5</math></li> <li>♦ Asthma or COPD (I6200) <b>AND</b> shortness of breath while lying flat (J1100C)</li> <li>♦ Fever (J1550A) and one of the following:                             <ul style="list-style-type: none"> <li>• Pneumonia (I2000)</li> <li>• Vomiting (J1550B) OR</li> <li>• Weight loss (K0300 = 1 or 2)</li> <li>• Feeding Tube (K0500B, K0510B1 or K0510B2) with at least 51% of total calories (K0700A = 3) OR 26% to 50% through parenteral/enteral intake (K0700A = 2) and fluid intake is 501cc or more per day (K0700B = 2)</li> </ul> </li> <li>♦ Parenteral/IV feedings (K0500A, K0510A1 or K0510A2)</li> <li>♦ Respiratory therapy for all 7 days (O0400D2 = 7)</li> <li>♦ If a resident qualifies for Special Care High but the ADL score is 1 or less then resident classifies as Clinically Complex</li> </ul>	15-16	Depression	HE2	
	15-16	No Depression	HE1	
	11-14	Depression	HD2	
	11-14	No Depression	HD1	
	6-10	Depression	HC2	
	6-10	No Depression	HC1	
	2-5	Depression	HB2	
	2-5	No Depression	HB1	
			Note: See description of depressions indicator.	

Category (Description)	ADL Score	End Splits or Special Requirements	MN RUG-IV Group
<b>Special Care Low</b> ADL score of 2 or more and at least one of the following ♦.)	15-16	Depression	LE2
♦ Cerebral palsy (I4400) with ADL score >=5	15-16	No Depression	LE1
♦ Multiple sclerosis (I5200) with ADL score >= 5	11-14	Depression	LD2
♦ Parkinson’s disease(I5300) with ADL score >= 5	11-14	No Depression	LD1
♦ Respiratory failure (I6300) and oxygen therapy while a resident (O0100C2)	6-10	Depression	LC2
♦ Feeding Tube (K0500B, K0510B1 or K0510B2) with at least 51% of total calories (K0700A = 3) OR 26% to 50% through parenteral/enteral intake (K0700A = 2) and fluid intake is 501cc or more per day (K0700B = 2)	6-10	No Depression	LC1
♦ Two or more stage 2 pressure ulcer (M0300B1) with two or more skin treatments **	2-5	Depression	LB2
• Pressure relieving chair (M1200A) and/or bed M1200B)	2-5	No Depression	LB1
• Turning/repositioning (M1200C)			
• Nutrition or hydration intervention (M1200D)			
• Ulcer care (M1200E)			
• Application of dressings (M1200G)			
• Application of ointments (M1200H)			
♦ Any stage 3 or 4 pressure ulcer (M0300C1, D1, F1) with two or more skin treatments **See above list		Note: See description of depressions indicator.	
♦ Two or more venous/arterial ulcers (M1030) with two or more skin treatments. * * See above listing			
♦ One stage 2 pressure ulcer (M0300B1, and 1 venous/arterial ulcer (M1030) with 2 or more skin treatments * * See above listing of skin treatments			
♦ Foot infection (M1040A), diabetic foot ulcer (M1040B) or other open lesion of foot (M1040C) with application of dressings to the feet (M1200I)			
♦ Radiation treatment while a resident (O0100B2)			
♦ Dialysis treatment while a resident (O0100J2)			
♦ If a resident qualifies for Special Care Low but the ADL score is 1 or less then resident classifies as Clinically Complex			

Category (Description)	ADL Score	End Splits or Special Requirements	MN RUG-IV Group	
<b>Clinically Complex</b> (At least one of the following) ♦ Pneumonia (I2000) ♦ Hemiplegia/hemiparesis (I4900) with ADL score $\geq 5$ ♦ Surgical wounds (M1040E) or open lesion [M1040D] with any selected skin treatment <ul style="list-style-type: none"> <li>• Surgical wound care (M1200F)</li> <li>• Application of nonsurgical dressings (M1200G) not to feet</li> <li>• Application of ointments (M1200H) not to feet</li> </ul> ♦ Burns (M1040F) ♦ Chemotherapy while a resident (O0100A2) ♦ Oxygen therapy while a resident (O0100C2) ♦ IV Medications while a resident (O0100H2) ♦ Transfusions while a resident (O0100I2) ♦ If a resident qualifies for Special Care High or Special Care Low, but the ADL score of 1 or 0 then resident classifies in Clinically Complex, CA1 or CA2	15-16	Depression	CE2	
	15-16	No Depression	CE1	
	11-14	Depression	CD2	
	11-14	No Depression	CD1	
	6-10	Depression	CC2	
	6-10	No Depression	CC1	
	2-5	Depression	CB2	
	2-5	No Depression	CB1	
	0-1	Depression	CA2	
	0-1	No Depression	CA1	
			Note: See description of depressions indicator.	
	<b>Behavioral Symptoms and Cognitive Performance</b> ♦ BIMS score of 9 or less AND an ADL score of 5 or less <b>OR</b> Defined as Impaired Cognition by the Cognitive Performance Scale AND an ADL score of 5 or less (See description of BIMS and Cognitive performance scale) ♦ Hallucinations [E0100A] ♦ Delusions [E0100B] ♦ Physical behavioral symptoms directed towards others (E0200A = 2 or 3) ♦ Verbal behavioral symptoms directed towards others (E0200B = 2 or 3) ♦ Other behavioral symptoms not directed towards others (E0200C = 2 or 3) ♦ Rejection of care (E0800 = 2 or 3) ♦ Wandering (E0900 = 2 or 3)	2-5	2 or more Restorative Nursing Programs	BB2
2-5		0-1 Restorative Nursing Programs	BB1	
0-1		2 or more Restorative Nursing Programs	BA2	
0-1		0-1 Restorative Nursing Programs	BA1	
		(See description of Restorative Nursing Programs.)		

Category (Description)	ADL Score	End Splits or Special Requirements	MN RUG-IV Group
<b>Reduced Physical Function</b>	15-16	2 or more Restorative Nursing Programs	PE2
No Clinical Conditions	15-16	0-1 Restorative Nursing Programs	PE1
	11-14	2 or more Restorative Nursing Programs	PD2
	11-14	0-1 Restorative Nursing Programs	PD1
	6-10	2 or more Restorative Nursing Programs	PC2
	6-10	0-1 Restorative Nursing Programs	PC1
	2-5	2 or more Restorative Nursing Programs	PB2
	2-5	0-1 Restorative Nursing Programs	PB1
	0-1	2 or more Restorative Nursing Programs	PA2
	0-1	0-1 Restorative Nursing Programs (See description of Restorative Nursing Programs)	PA1
<b>Minnesota Specific Classifications</b>			
Short Stay for New Admissions with a stay of less than 14 days	N/A	Facility makes an annual election for all residents with less than 14 day stay	DDF
Penalty for an assessment that is completed and /or submitted more than seven days late from due date	N/A	Penalty is effective from the date the assessment was due until the first of the month following the submission to the state	AAA

**ADL Scoring**

<b>ADL</b>	<b>Self-Performance</b>	<b>Support</b>	<b>ADL Score</b>
Bed Mobility (G0110A), Transfer (G0110B), Toilet Use (G0110I)	Coded -, 0, 1, 7, or 8	Any Number	0
	Coded 2	Any Number	1
	Coded 3	-, 0, 1, or 2	2
	Coded 4	-, 0, 1, or 2	3
	Code 3 or 4	3	4
Eating (G0110H)	Coded -, 0, 1, 2, 7 or 8	-, 0, 1, or 8	0
	Coded -, 0, 1, 2, 7 or 8	2 or 3	2
	Coded 3 or 4	-, 0 or 1	2
	Coded 3	2 or 3	3
	Coded 4	2 or 3	4

**Depression Indicator**

The depression end split is determined by either the total severity score from the resident interview in section D0200 (PHQ-9©) or from the total severity score from the staff assessment of mood D0500 (PHQ9-OV©).

Residents that were interviewed D0300 (Total Severity Score) >= 10 and D0300 <= 27
Staff Assessment – Interview not conducted D0600 (Total Severity Score >= 10 and D0600 <= 30

Restorative Nursing

Restorative Nursing Programs – 2 or more required to be provided 6 or more days a week

Passive range of motion (O0500A) and/or Active range of motion (O0500B)\*

Bed mobility training (O0500D) and/or walking training (O0500F)\*

Splint or brace assistance (O0500C)

Transfer training (O0500E)

Dressing and/or grooming training (O0500G)

Eating and/or swallowing training (O0500H)

Amputation/prosthesis (O0500I)

Communication training (O0500J)

No count of days required for:

Current toileting program or trial (H0200C) and/or Bowel toileting program (H0500)\*

\* Count as one service even if both are provided

## Cognitive Impairment

Cognitive impairment is determined by either the summary score from the resident interview in section C0200-C400 (BIMS) or from the calculation of Cognitive Performance Scale if the BIMS is not conducted.

### Brief Interview for Mental Status (BIMS)

BIMS summary score (C0500 $\leq$ 9)
-------------------------------------

### Cognitive Performance Scale

Determine whether the resident is cognitively impaired based on the staff assessment rather than on resident interview. The RUG-IV Cognitive Performance Scale (CPS) is used to determine cognitive impairment.

The resident is cognitively impaired if **one** of the three following conditions exists:

1. B0100 Coma (B0100 = 1) and completely ADL dependent or ADL did not occur (G0110A1, G0110B1, G0110H1, G0100I1 all = 4 or 8)
2. C1000 Severely impaired cognitive skills (C1000 = 3)
3. B0700, C0700, C1000 Two or more of the following impairment indicators are present:

B0700 > 0 Problem being understood

C0700 = 1 Short-term memory problem

C1000 > 0 Cognitive skills problem

**and**

One or more of the following severe impairment indicators are present:

B0700  $\geq$  2 Severe problem being understood

C1000  $\geq$  2 Severe cognitive skills problem

**MDS 3.0 RUG-III DECISION TREE – 34-GROUP**  
**Minnesota Case Mix System**

Domain (Description)	ADL Score	End Splits or Special Requirements	Minn. RUG-III Group
<p><b>Extensive Services</b> (ADL Score of 7 or more and at least one of the following ♦.)</p> <p>♦ Parenteral IV – last 7 days [K0500A]</p> <p>♦ IV Medication – last 14 days [O0100H1 – While NOT a resident or O0100H2 – While a resident]</p> <p>♦ Suctioning – last 14 days [O0100D1 – While NOT a resident or O0100D2 – While a resident]</p> <p>♦ Tracheostomy care – last 14 days [O0100E1 – While NOT a resident or O0100E2 – While a resident]</p> <p>♦ Ventilator or Respirator – last 14 days [O0100F1 – While NOT a resident or O0100F2 – While a resident]</p> <p>(If a resident qualifies for extensive services, but ADL score is 6 or less then resident classifies in Special Care, SSA)</p>	<p>7 – 18</p> <p>7 – 18</p> <p>7 – 18</p>	<p>Has 4 or 5 of the following: qualifies for special care; qualifies for clinically complex; CPS score = 3 or more or a BIMS score of 9 or less; IV medications; parenteral IV</p> <p>Has 2 or 3 of the following: qualifies for special care; qualifies for clinically complex; CPS score = 3 or more or a BIMS score of 9 or less; IV medications; parenteral IV</p> <p>Has 0 or 1 of the following: qualifies for special care; qualifies for clinically complex; CPS score = 3 or more or a BIMS score of 9 or less; IV medications; parenteral IV</p>	<p>SE3</p> <p>SE2</p> <p>SE1</p>
<p><b>Rehabilitation</b></p> <p>♦ 5 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C4] AND 150 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days [O0400A1, O0400A2, O0400A3; O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3]</p> <p><b>OR</b></p> <p>♦ 3 days or more (15 min per day minimum) in any combination of Speech, Occupational or Physical Therapy in last 7 days. [O0400A4, O0400B4, O0400C4] AND 45 minutes or greater in any combination of Speech, Occupational or Physical Therapy in last 7 days [O0400A1, O0400A2, O0400A3; O0400B1, O0400B2, O0400B3; O0400C1, O0400C2, O0400C3] AND at least 2 nursing rehabilitation services (See description of nursing rehabilitation.)</p>	<p>17-18</p> <p>14-16</p> <p>10-13</p> <p>4-9</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>RAD</p> <p>RAC</p> <p>RAB</p> <p>RAA</p>

Domain (Description)	ADL Score	End Splits or Special Requirements	Minn. RUG-III Group
<p><b>Special Care</b> (ADL Score of 7 or more and at least one of the following ♦.)</p> <p>♦ 2 or more ulcers of any type [Total of M0300A, M0300B1, M0300C1, M0300D1, M0300F1, and M1030 &gt;= 2] OR M0300C1 or M0300D1 or M0300F1 &gt;=1</p> <p><b>AND</b></p> <p>2 or more skin treatments [M1200A or M1200B; M1200C; M1200D; M1200E; M1200G; M1200H]</p> <p>♦ Feeding Tube [K0500B] with at least 51% of total calories [K0700A = 3] OR 26% to 50% through parenteral/enteral intake [K0700A = 2] and fluid intake is 501cc or more per day [K0700B = 2] <b>AND</b> Aphasia [I4300]</p> <p>♦ Surgical Wounds [M1040E] OR open lesions other than ulcers, rashes cuts [M1040D]</p> <p><b>AND</b></p> <p>Surgical wound care [M1200F] OR Application of dressings [M1200G] OR Application of ointments [M1200H]</p> <p>♦ Respiratory therapy for 7 days [O0400D2]</p> <p>♦ Cerebral Palsy [I4400] AND an ADL score of 10 or more</p> <p>♦ Fever [J1550A]</p> <p><b>AND</b></p> <p>Vomiting [J1550B] OR Weight loss [K0300 &gt;= 1] OR Feeding Tube [K0500B] with at least 51% of total calories [K0700A = 3] OR 26% to 50% through parenteral/enteral intake [K0700A = 2] and fluid intake is 501cc or more per day [K0700B = 2] OR Pneumonia [I2000] Dehydrated [J1550C]</p> <p>♦ Multiple sclerosis [I5200] AND an ADL score of 10 or more</p> <p>♦ Quadriplegia [I5100] AND an ADL score of 10 or more</p> <p>♦ Radiation Therapy [O0100B1 or O0100B2]</p> <p>♦ Extensive Services Qualifiers with an ADL score of 6 or less</p> <p>♦ If a resident qualifies for Special Care, but the ADL score is 6 or less then resident classifies in Clinically Complex, CA1 or CA2</p>	<p>17-18 15-16 7-14</p>	<p>None None None</p> <p>(Extensive Service Domain qualifiers with an ADL score of 6 or less are classified as SSA)</p>	<p>SSC SSB SSA</p>

Appendix – MDS 3.0 RUG-III 34-Group

Domain (Description)	ADL Score	End Splits or Special Requirements	Minn. RUG-III Group	
<p><b>Clinically Complex</b> (At least one of the following)</p> <ul style="list-style-type: none"> <li>◆ Feeding Tube [K0500B] with at least 51% of total calories [K0700A = 3] OR 26% to 50% through parenteral/enteral intake [K0700A = 2] and fluid intake is 501cc or more per day [K0700B = 2]</li> <li>◆ Comatose [B0100] AND ADL dependent [G0100A1; G0100B1; G0100H1; G0100I1 all = 4 or 8]</li> <li>◆ Septicemia [I2100]</li> <li>◆ Burns – second or third degree [M1040F]</li> <li>◆ Dehydration [J1550C]</li> <li>◆ Hemiplegia/Hemiparesis [I4900] AND ADL score of 10 or more</li> <li>◆ Internal Bleeding [J1550D]</li> <li>◆ Pneumonia [I2000]</li> <li>◆ Chemotherapy [O0100A1 or O0100A2]</li> <li>◆ Dialysis [O0100J1 or O0100J2]</li> <li>◆ Physician order changes on 4 or more days [O0700 &gt;= 4] in last 14 days AND physician visits on one or more days [O0600 &gt;= 1] in last 14 days</li> <li>◆ Physician order changes on 2 or more days [O0700 &gt;= 2] in last 14 days AND physician visits on two or more days [O0600 &gt;= 2] in last 14 days</li> <li>◆ Diabetes [I2900] AND physician order changes on 2 or more days [O0700 &gt;= 2] in last 14 days AND injections on 7 days [N0300 = 7] in last 7 days</li> <li>◆ Transfusions [O0100I1 or O0100I2]</li> <li>◆ Oxygen therapy [O0100C1 or O0100C2]</li> <li>◆ Infection on foot [M1040A] OR open lesion on foot [M1040B or M1040C] and application of dressings to foot [M1200I]</li> <li>◆ Special Care qualifiers with ADL score of 6 or less are classified as CA1 or CA2</li> </ul>	17-18	Signs of Depression (See description of depression end split.)	CC2	
	17-18	No Depression	CC1	
	12-16	Signs of Depression	CB2	
	12-16	No Depression	CB1	
	4-11	Signs of Depression	CA2	
	4-11	No Depression	CA1	

Appendix – MDS 3.0 RUG-III 34-Group

Domain (Description)	ADL Score	End Splits or Special Requirements	Minn. RUG-III Group
<b>Impaired Cognition</b> ♦ BIMS score of 9 or less AND an ADL score of 10 or less <b>OR</b> Cognitive Performance Scale score of 3 or greater AND an ADL score of 10 or less (See description of BIMS and Cognitive performance scale)	6-10	2 or more Nursing Rehabilitation Services (See description of nursing rehabilitation services)	IB2
	6-10	No nursing rehabilitation services	IB1
	4-5	2 or more Nursing Rehabilitation Services	IA2
	4-5	No nursing rehabilitation services	IA1
<b>Behavior Only</b> ♦ Wandering occurred on 4 or more days [E0900 >= 2] ♦ Verbal abusive behavior occurred on 4 or more days [E0200B >= 2] ♦ Physically abusive behavior occurred on 4 or more days [E0200A >= 2] ♦ Socially inappropriate /disruptive behavior occurred on 4 or more days [E0200C >= 2] ♦ Resident resisted care on 4 or more days [E0800 >= 2] ♦ Hallucinations [E0100A] ♦ Delusions [E0100B]	6-10	2 or more Nursing Rehabilitation Services (See description of nursing rehabilitation services)	BB2
	6-10	No nursing rehabilitation services	BB1
	4-5	2 or more Nursing Rehabilitation Services	BA2
	4-5	No nursing rehabilitation services	BA1
<b>Physically Functioning Reduced</b>  No Clinical Conditions	16-18	2 or more Nursing Rehabilitation Services	PE2
	16-18	No nursing rehabilitation services	PE1
	11-15	2 or more Nursing Rehabilitation Services	PD2
	11-15	No nursing rehabilitation services	PD1
	9-10	2 or more Nursing Rehabilitation Services	PC2
	9-10	No nursing rehabilitation services	PC1
	6-8	2 or more Nursing Rehabilitation Services	PB2
	6-8	No nursing rehabilitation services	PB1
	4-5	2 or more Nursing Rehabilitation Services	PA2
	4-5	No nursing rehabilitation services	PA1
		(See description of Nursing Rehabilitation Services)	
<b>Minnesota Specific Classifications</b>  Short Stay for New Admissions with a stay of less than 14 days  Penalty for an assessment that is completed and /or submitted more than seven days late from due date	N/A	Facility makes an annual election for all residents with less than 14 day stay	DDF
	N/A	Penalty is effective from the date the assessment was due until the first of the month following the submission to the state	BC1

**Activities of Daily Living (ADL) Scoring**

<b>ADL</b>	<b>Self-Performance</b>	<b>Support</b>	<b>Total ADL Score</b>
Bed Mobility (G0110A), Transfer (G0110B), Toilet Use (G0110I)	Coded 0, 1 or 7	Any number	1
	Coded 2	Any number	3
	Coded 3, 4 or 8	2	4
	Coded 3, 4, or 8	3	5
Eating (G0110H)	Parenteral/IV (K0500A)	N/A	3
	Tube feeding (K0500B) AND 51% of total calories(K0700A = 3) OR 26% to 50% of total calories (K0700A = 2) and fluid intake is 501 cc per day (K0700B = 2)	N/A	3
	Coded 0, 1 or 7	N/A	1
	Coded 2	N/A	2
	Coded 3,4 or 8	N/A	3

**Depression Indicator**

Depression indicator is determined by either the total severity score from the resident interview in section D0200 (PHQ-9©) or from the total severity score from the staff assessment of mood D0500 (PHQ9-OV©).

Residents that were interviewed D0300 (Total Severity Score) >= 10 and D0300 <= 27
Staff Assessment – Interview not conducted D0600 (Total Severity Score >= 10 and D0600 <= 30

**Nursing Rehabilitation**

Nursing Rehabilitation Services – 2 or more required
Must be provided 6 or more days a week
Passive range of motion (O0500A) OR Active range of motion (O0500B)
Bed mobility training (O0500D) OR walking training (O0500F)
Splint or brace assistance ( O0500C)
Transfer training (O0500E)
Dressing and/or grooming training (O0500G)
Eating and/or swallowing training (O0500H)
Amputation/prosthesis (O0500I)
Communication training (O0500J)
Count if provided
Current toileting program or trial (H0200C) or Bowel toileting program (H0500)

**Cognitive Impairment**

Cognitive impairment is determined by either the summary score from the resident interview in section C0200-C400 (BIMS) or from the calculation of Cognitive Performance Scale if the BIMS is not conducted.

**Brief Interview for Mental Status (BIMS)**

BIMS summary score (C0500 <= 9)
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## `Cognitive Performance Scale

**Calculation of cognitive performance scale**

Step 1- Determine the extent of *impairment*:

Short term memory coded 1 [C0700 = 1] count 1 point

Cognitive skills for daily decision making coded 1 or 2 [C1000 = 1 or 2] count 1 point

Making self understood coded 1, 2, or 3 [B0700 = 1, 2, or 3] count 1 point

Step 2 - Total *impairment* points

Step 3 - Determine the extent of *severe impairment*:

Cognitive skills for daily decision making coded 2 [C1000 = 2] count 1 point

Making self understood coded 2 or 3 [B0700 = 2 or 3] count 1 point

Step 4 - Total *severe impairment* points

Step 5 - Determine if resident meets the definition of being in a coma:

If Comatose [B0100 = 1]

**AND**

Totally ADL dependent Bed Mobility [G0110A], Transfer [G0110B], Eating [G0110H],

Toilet use [G0110I] all scored 4 or 8

Then resident is defined as being in a coma.

Step 6 - Compute Cognitive Performance Scale Scores as follows:

CPS = 6 Resident is in a coma AND [C1000 = blank or unknown (value “-”)].

**OR**

Cognitive skills are severely impaired [C1000 = 3] AND the resident is

totally dependent in Eating [G0110H = 4 or 8]

CPS = 5 Cognitive skills are severely impaired [C1000 = 3] AND Eating less than totally dependent [G0110H = 0, 1, 2 or 3]

CPS = 4 Total *impairment* points of at least 2 AND total *severe impairment* points of 2.

CPS = 3 Total *impairment* points of at least 2 AND total *severe impairment* points of 1.

CPS = 2 Total *impairment* points of at least two.

CPS = 1 Total *impairment* points of one.

CPS = 0 No impairment count.



## Glossary

**Assessment Reference Date (ARD)** - The specific end point for look-back periods in the MDS assessment process. Almost all MDS items refer to the resident's status over a designated time period referring back in time from the ARD. Most frequently, this look-back period, also called the observation or assessment period, is a seven day period ending on the ARD. Look-back periods may cover the seven days ending on this date, 14 days ending on this date, etc

**ASAP** – Assessment Submission and Processing System

**Care Area Assessments (CAAs)** – The review of one or more of the 20 conditions, symptoms, and other areas of concern that are commonly identified or suggested by MDS findings. Care areas are triggered by responses on the MDS item set.

**Case Mix Index (CMI)** - Case mix index means the weighting factors assigned to the RUG classifications.

**Case Mix Review (CMR)** - The section of the Compliance Monitoring Division of the Minnesota Department of Health that works in conjunction with Minnesota Department of Human Services to deliver the case mix reimbursement program in nursing facilities.

**Casper** - Certification And Survey Provider Enhanced Reports is an application that enables electronic connection to the CMS National Reporting Database.

**Centers For Medicare And Medicaid Services (CMS)** - the Federal agency that administers the Medicare, Medicaid, and Child Health Insurance Programs.

**Index Maximization** – Classifying a resident who could be assigned to more than one category, to the category with the highest case mix index.

**Minimum Data Set (MDS)** - A core set of screening, clinical assessment, and functional status elements, including common definitions and coding categories that form the foundation of the comprehensive assessment for all residents of long-term care facilities certified to participate in Medicare and Medicaid and for patients receiving SNF services in non-critical access hospitals with a swing bed agreement.

**Minnesota Department Of Human Services (DHS)** – The state Medicaid agency.

**Minnesota Department of Health (MDH)**

**Omnibus Budget Reconciliation Act (OBRA 1987)** - A nursing home reform law from 1987 that required the RAI.

**Penalty Rate** - a rate assigned for an assessment that is completed or submitted within seven days of the time requirements of the RAI Users Manual. The penalty rate is equal to the lowest rate assigned to the facility.

**QIES** – Quality Improvement and Evaluation System

**QIES ASAP** - QIES Assessment Submission and Processing System is a national repository that provides computerized storage, access, and analysis of assessment data for residents in nursing homes and patients in swing bed (SB) hospitals across the United States, Puerto Rico, Virgin Islands and Guam.

**Representative** - Representative means a person who is the resident's guardian or conservator, the person authorized to pay the nursing home expenses of the resident, a representative of the nursing home ombudsman's office whose assistance has been requested, or any other individual designated by the resident. Source: Minnesota Statute 144.0724 Subd. 2 (e)

**Resident Assessment Instrument (RAI)** - An instrument used to assess all residents in Medicare and/or Medicaid certified nursing facilities. The RAI consists of the MDS, CAAs, and utilization guidelines.

**Resource Utilization Groups (RUG)** - A category-based classification system in which nursing facility residents are classified into groups, each of which utilizes unique quantities and patterns of resources. Assignment of a resident to a RUG group is based on certain item responses on the MDS 3.0. Minnesota Case Mix uses the RUG-IV 48-group model.

**State Operations Manual (SOM)** - A manual developed by the Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services, which serves as the basic guide for state agencies and the Regional Office for policies and procedures affecting the certification of Medicare and Medicaid providers.

**Utilization Guidelines** - Utilization guidelines are instructions from the federal government concerning when and how to use the RAI.

## MDS Resources



LTC RAI User's Manual Version 3.0

Available on CMS web page

CMS MDS 3.0 Home Page

[http://www.cms.hhs.gov/NursingHomeQualityInits/25\\_NHQIMDS30.asp](http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp)

CMS MDS 3.0 Training page

[http://www.cms.gov/NursingHomeQualityInits/45\\_NHQIMDS30TrainingMaterials.asp#TopOfPage](http://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp#TopOfPage)

CMS MDS 3.0 Technical information

[http://www.cms.gov/NursingHomeQualityInits/30\\_NHQIMDS30TechnicalInformation.asp#TopOfPage](http://www.cms.gov/NursingHomeQualityInits/30_NHQIMDS30TechnicalInformation.asp#TopOfPage)

MDS 3.0- Provider Users Guide – <https://www.qtso.com/mds30.html>



*Minnesota Department of Health*  
*Protecting, maintaining and improving the health of all Minnesotans*

MDS Clinical Help Desk: 651-201-4313

MDS Technical Help Desk: 651-201-3817 and Greater Minnesota 1-888-234-1315

MDS Email: [health.mds@state.mn.us](mailto:health.mds@state.mn.us)

MDH MDS 3.0 Implementation page

[http://www.health.state.mn.us/divs/fpc/MinnesotaMDS3\\_0.html](http://www.health.state.mn.us/divs/fpc/MinnesotaMDS3_0.html)

Compliance Monitoring Division Clinical Web Window

<http://www.health.state.mn.us/divs/fpc/cww/cwwindex.html>

MN Case Mix Review

[www.health.state.mn.us/divs/fpc//profinfo/cms/casemix.html](http://www.health.state.mn.us/divs/fpc//profinfo/cms/casemix.html)

o Case Mix phone: 651-201-4301

o Case Mix Email: [health.FPC-CMR@state.mn.us](mailto:health.FPC-CMR@state.mn.us)

Statutes: MS144.0724 and MN Statute 256B.438 - <https://www.revisor.mn.gov>