Facility Name Copley of Stoughton Turnaround
Cycle B 1-Aug
Documentation Month July
15th to complete the billing
Review /Prepare in June

Names MMQ Care Plan

Check for ADLs

#### 1-Feb

Documentation Month January 15th to complete the billing Review /Prepare in December

### **ADL Flow Sheet**

Exist

Hisotircal Coding What happended 6 months ago and if changed and update care plan accordingly

## **Eating Assist**

Dietary Note Supervisoon for feeding Care Plan says contious Supervison

### **Incontinent**

Cannot take if coded Indepent for tolieting

## **Dressing Assst**

If pt bedbound the care plan must state the patient is dressed for diginity

### **Norton**

Skin Assessment
15 or under to take
points
Dressing and not pressure related
need 15 days but
on each day needs to be
a nurse assessment,
Diabetic Foot Care

Skin

Isolation

Treatments Oxygen

60 day

## Wandering

### **Skilled Observstion**

with an incident from Augist 1st 60 days back Need paramter: Note to call MD, actuallly called and documentation

# **Skilled Procedure Points** Cannot take if patient

Cannot take if patient coded assit for walking

### **Behaviors**

I.V.

Well defined in the care plan.

5 days in month for IV Fluids 90 Points

15 days Physical Verbal

Other - Be sure Care Plan explains

Name		Turnaround			
Cycle	A or B	1-Aug			
		Documentation Month July			
		15th to complete the billing			
		Review /Prepare in June			
Resident	MMQ	Care Plan			
		Check for ADLs			

#### 1-Feb

Documentation Month January

15th to complete the billing

Review / Prepare in December

### **ADL Flow Sheet**

Exist
Hisotircal Coding
What happended 6
months ago and if changed
and update care plan
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**Diabetic Foot Care** 

#### ments

Oxygen

### **Skilled Observstion**

**Skilled Procedure Points** 

with an incident from Augist 1st 60 days back Need paramter: Note to call MD,

actually called and documentation

## Wandering

Cannot take if patient coded assit for walking

### **Behaviors**

Well defined in the care plan.

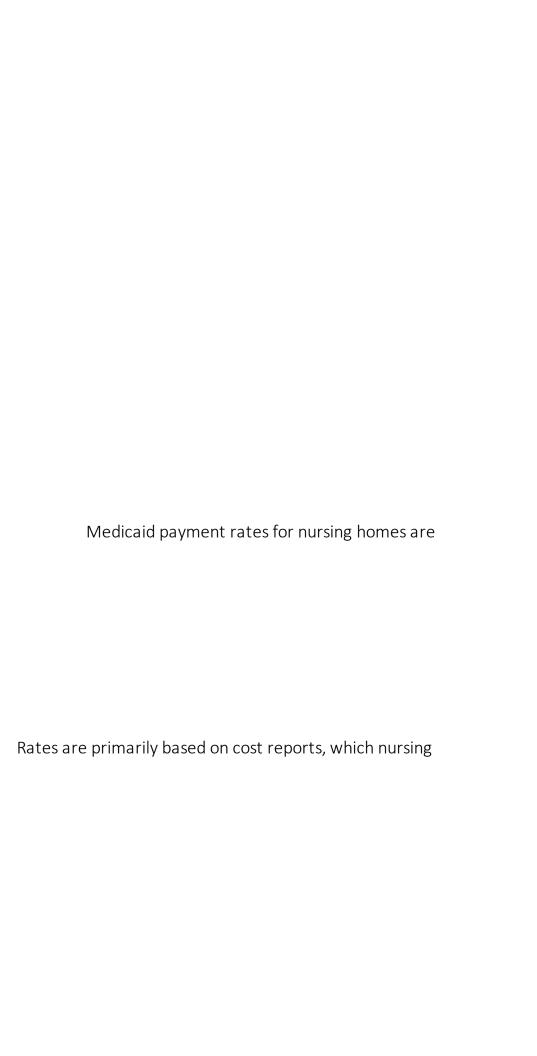
15 days
Physical
Verbal
Other - Be sure Care Plan explains

## I.V.

5 days in month for IV Fluids 90 Points

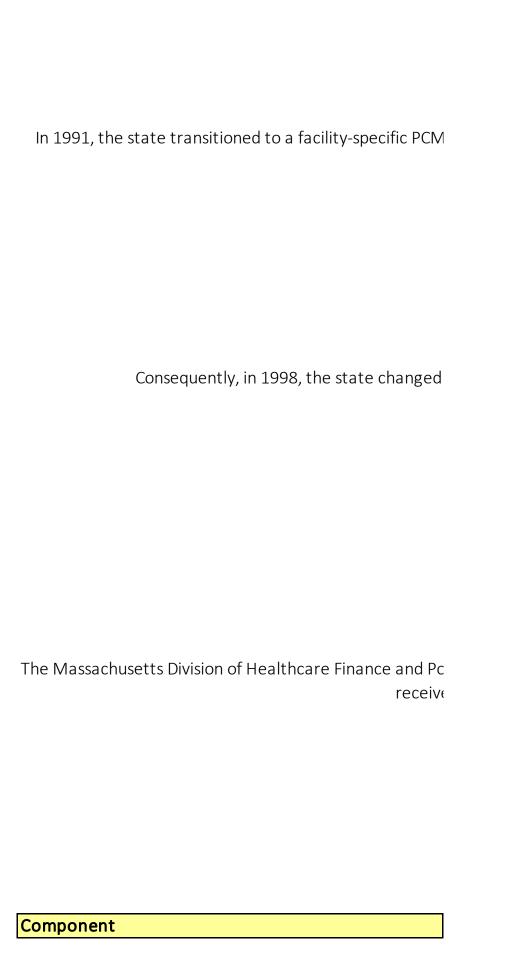
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Resident	Score	Points	Rate	Score	Points	Rate	Increase	Decrease	Current Corrections Needed	Change in Score (Reason)
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TOTAL DAILY RATE								
DAILY RATE INCR/DECR								
TOTAL 6 MONTH RATE								
6 MOS RATE INCR/DECR								
Add Ons since Last turnaround								
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DATE SCHEDULE as of 7/1/20	i	LIMIT	LACT	CUIDDENT	Chango	·····		
RATE SCHEDULE as of 7/1/20		UNIT	<u>LAST</u>	CORRENT	CHAIRE			
Rate 1 = H (141.34)			ļ		<u> </u>			
Rate 2 - 3 = J, K (166.71)			<u> .</u>	<u>:</u>	<u></u>	<b></b>		
Rate 4 - 5 = L, M (196.31)			1		1			
Rate 6 - 7 = N, P (224.47)		7	-	:	1	I		
Rate 6 - 7 = N, P (224.47) Rate 8 - 9 = R, S (246.57) Rate 10 = T (275.45)	1	<b>†</b> ·····	†	• • • • • • • • • • • • • • • • • • • •	-:	•		
Rate 10 = T (275.45)	<b>-</b>	<del> </del>	÷	• • • • • • • • • • • • • • • • • • • •		+		
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Add to formatted MMQ in Excel	 3	:	:	:	:	}		
Licensed nursing summary	 1							
Care Plan	3							
CNA Documentation	 3	1.2						
Skin Reports	 <b>†</b>	1						
skiii nepoits	 ·	0.8						
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The nursing cost component of the rate setting formula are assigned to one of 10 categories based on the leve

**HISTORY** 



Nursing Costs (approximately 50% of the base rate)
Other Operating Costs
(approximately 40% of the base rate)
Capital Costs (approximately 10% of the base rate)
*Source: Massachusetts Division of Healtheare Finance

\*Source: Massachusetts Division of Healthcare, Finance, and Policy

<u>Tł</u>

## Rebasing

Rates are set based primarily on nursing home cost repreparts fr

## **Resident Acuity**

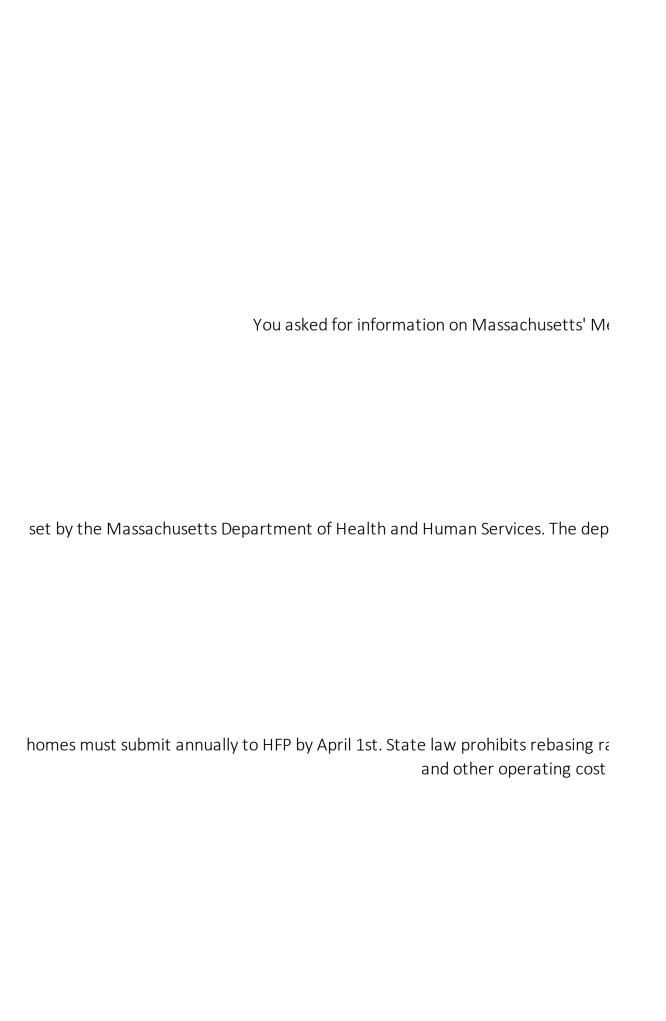
Most states with PCM Medicaid nursing home reim Massachusetts implemented its PCM system in 1991, minutes for a

**Payment Group** 

Н

JK
LM
NP
RS
Т

ND:ak



statutorily required add-on payments. Nursing homes receive additional pa
accounts for resident acuity levels by categorizing residents based on their care I of care required in skilled nursing and activities of daily living. Based on this cla
In the 1980's, Massachusetts set Medicaid nursing home rates using a retr

I model. Rates were set in advance based on each nursing home's cost reports f homes that reduc
its PCM from a facility-specific model that accounted for nursing home's indivic
olicy sets Medicaid payment rates for nursing homes. Nursing homes receive a present additional payments for the Medicaid portion of their nursing home user fee,
Included Costs

Salaries and benefits for nursing personnel					
Salaries and benefits for laundry, dietary, and maintenance personnel; also includes supplies, consultant fees, and administrative and general expenses					
Annual depreciation expenses (a non-cash expense), interest and equity					
allowances, real estate taxes, and building insurance.					
nis rate covers routine room and board and nursing care. Other ancillary expens					
oorts submitted annually to HFP by April 1st. But, according to HFP's Michael Gr om four years prior to set the rates for multiple years. For the current rate yea					

ibursement systems use CMS' Resource Utilization Groups (RUGs) case-mix mesthe RUGs system was unavailable. It chose to instead use the Management Mi resident theoretically correspond directly to staffing needs. Nursing homes mu  Residents are placed into one of 10 cat	The nursing cost component of Massachusetts' rate setting formula ta
Management Minute Range	the RUGs system was unavailable. It chose to instead use the Management Mi
Management Minute Range	
	Residents are placed into one of 10 cat
LI_≾LL MINUTAE	Management Minute Range 0-30 minutes

30.1-110 minutes
110.1-170 minutes
170.1-225 minutes
225.1-270 minutes
270.1 minutes and above

Massachusetts Division of Health Care Finance and Policy

## 28-Jan-09

### MASSACHUSETTS' MEDICAID NURSING HOME PAYMENT SYSTEM

By Nicole Dube, Associate Legislative Analyst
edicaid rate setting system for nursing homes. Specifically, you were interested in how the system ac
SUMMARY
artment's Division of Healthcare Finance and Policy (HFP) calculates these rates using a prospective
ates more frequently than once every four years. (HFP relies on cost reports from four years prior an components of the rate setting formula are adjusted each year for inflation. Rates are also adjusted

yments for the Medicaid portion of its nursing home user fee, and if they operate a kosher kitchen	0
e needs and assigning different payment levels to each category. Nursing homes with "higher need assification, nursing homes are paid one of six rates. Homes must submit quarterly MMS surveys on reflect that change.	
ospective cost based system. Nursing homes were reimbursed for their allowable Medicaid costs a	t

MEDICAID NURSING HOME RATES
per diem rate for each Medicaid-eligible resident based on three components: nursing costs, other o
and if they operate a kosher kitchen or if more than 75% of their residents have multiple sclerosis.

Standard is based on the statewide median cost of nursing care; 6 different payment categories, ba
Standard is the statewide median cost for other operating expenses; a sub component, administrat
New construction is paid at a standard allowance of up to \$28.06 per day; Payments for existing captheir 2005 capital payment. Standards range from \$4.45 to \$22.56.
ses, including pharmacy and physical therapy, are paid separately by MassHealth (the state's Medical therapy).
enier, state law does not allow costs to be re-based more frequently than once every four years. Thi ir, HFP is using the 2005 cost report. Grenier indicates that the nursing and other operating cost con

kes into account the specific care needs of each nursing home resident. Nursing homes whose reside
asurement system to measure patient acuity. (The RUGs system places residents into one of 44 resonute System (MMS). MMS constructs an index for each resident based on a range of resident characterist submit quarterly MMS surveys on each patient. If a resident's acuity level changes during the quantum of the property
tegories based on their care needs; each category is assigned one of six payment levels. Table 2 lists  Table 2: Nursing Cost Payment Categories

## **HYPERLINKS**

, "Standard Payments to Nursing Facilities", http://www.mass.gov/Eeohhs2/docs/dhcfp/g/regs/114

Payment Group	Management Minute Range	
Н	0-30	minutes
JK	30.1-110	minutes
LM	110.1-170	minutes
NP	170.1-225	minutes
RS	225.1-270	minutes
Т	270.1	minutes and above

Standard Payment
\$14.08
\$37.55
\$65.72
\$95.76
\$116.69
\$137.60