

Nursing Facility 90 Day Redetermination Online Referral for Medicaid Level of Care

Quarterly MDS Assessment Results

This screen will be completed based on *certain* values from the first quarterly MDS assessment for residents admitted on or after October 1, 2014 and the MDS resulted in a PA1 or PA2 RUG classification.

For residents applying for Medicaid, this screen will be completed based on *certain* values from the most recent quarterly MDS assessment.

It's important to note that the not all questions from the quarterly MDS are needed to determine nursing facility level of care for purposes of Medicaid payment. Therefore, only the necessary fields are provided below.

Field Label	Type of Field	Pick List Values	Required to Save Rules
B0200.Hearing	Single Select	0-Adequate - no difficulty in normal conversation, social interaction, listening to TV. 1-Minimal difficulty - difficulty in some environments (e.g., when person speaks softly or setting is noisy). 2-Moderate difficulty - speaker has to increase volume and speak distinctly. 3-Highly impaired - absence of useful hearing.	Yes
B1000.Vision	Single Select	0-Adequate - sees fine detail, such as regular print in newspapers/books. 1-Impaired - sees large print, but not regular print in newspapers/books. 2-Moderately impaired - limited vision; not able to see newspaper headlines but can identify objects. 3-Highly impaired - object identification in question, but eyes appear to follow objects. 4-Severely impaired - no vision or sees only light, colors or shapes; eyes do not appear to follow objects.	Yes
Cognitive Assessment	Single Select	No-Resident is comatose No-Staff conducted Yes-Resident participated	If Cognitive Assessment=No-Staff conducted, THEN the "Cognitive Skills for Daily Decision Making" will be visible and required to complete If Cognitive Assessment=Yes-Resident participated THEN the field, "BIMS Score" will be visible and required to complete. If "Cognitive Assessment"=No-Resident is Comatose, "E0200.Behavioral Symptoms-Physical" will appear as next field.
C1000.Cognitive Skills for Daily	Single Select	0-Independent - decisions consistent/reasonable.	If Cognitive Assessment=No-Staff conducted, THEN the "Cognitive Skills

Decision Making		1-Modified independence - some difficulty in new situations only. 2-Moderately impaired - decisions poor; cues/supervision required. 3-Severely impaired - never/rarely made decisions.	for Daily Decision Making” will be visible and required to complete
C0500.BIMS Score	Single Select	0-12 13-15 99	If Cognitive Assessment=Yes-Resident participated THEN the field, “BIMS Score” will be visible and required to submit.
E0200.Behavioral Symptoms-Physical	Single Select	0-Behavior not exhibited. 1-Behavior of this type occurred 1 to 3 days. 2-Behavior of this type occurred 4 to 6 days, but less than daily. 3-Behavior of this type occurred daily.	
E0200.Behavioral-Verbal	Single Select	0-Behavior not exhibited. 1-Behavior of this type occurred 1 to 3 days. 2-Behavior of this type occurred 4 to 6 days, but less than daily. 3-Behavior of this type occurred daily.	
E0200.Behavioral-Other	Single Select	0-Behavior not exhibited. 1-Behavior of this type occurred 1 to 3 days. 2-Behavior of this type occurred 4 to 6 days, but less than daily. 3-Behavior of this type occurred daily.	
G0110.Bed Mobility	Single Select	0-Independent 1-Supervision 2-Limited assistance 3-Extensive assistance 4-Total dependence 7-Activity occurred only once or twice 8-Activity did not occur	IF Bed Mobility =7 THEN Bed Mobility-Support Provided will be visible and required to complete. IF Bed Mobility= 0-4 or 8, THEN Bed Mobility-Support Provided will not be visible or required to complete.
G0110.Bed Mobility-Support Provided	Single Select	0-No setup or physical help from staff. 1-Setup help only 2-One person physical assist 3-Two+ persons physical assist 8-ADL activity itself did not occur	IF Bed Mobility =7 THEN Bed Mobility-Support Provided will be visible and required to complete.
G0110.Transfer	Single Select	0-Independent 1-Supervision 2-Limited assistance 3-Extensive assistance 4-Total dependence 7-Activity occurred only once or twice 8-Activity did not occur	IF Transfer =7 THEN Transfer-Support Provided will be visible and required to complete. IF Transfer = 0-4 or 8, THEN Transfer -Support Provided will not be visible or required to complete.

G0110.Transfer-Support Provided	Single Select	0-No setup or physical help from staff. 1-Setup help only 2-One person physical assist 3-Two+ persons physical assist 8-ADL activity itself did not occur	IF Transfer =7 THEN Transfer -Support Provided will be visible and required to complete.
G0110.Walk in Room	Single Select	0-Independent 1-Supervision 2-Limited assistance 3-Extensive assistance 4-Total dependence 7-Activity occurred only once or twice 8-Activity did not occur	IF Walk in Room =7 THEN Walk in Room-Support Provided will be visible and required to complete. IF Walk in Room= 0-4 or 8, THEN Walk in Room-Support Provided will not be visible or required to complete.
G0110.Walk in Room-Support Provided	Single Select	0-No setup or physical help from staff. 1-Setup help only 2-One person physical assist 3-Two+ persons physical assist 8-ADL activity itself did not occur	IF Walk in Room =7 THEN Walk in Room-Support Provided will be visible and required to complete.
G0110.Walk in Corridor	Single Select	0-Independent 1-Supervision 2-Limited assistance 3-Extensive assistance 4-Total dependence 7-Activity occurred only once or twice 8-Activity did not occur	IF Walk in Corridor =7 THEN Walk in Corridor-Support Provided will be visible and required to complete. IF Walk in Corridor= 0-4 or 8, THEN Walk in Corridor-Support Provided will not be visible or required to complete.
G0110.Walk in Corridor-Support Provided	Single Select	0-No setup or physical help from staff. 1-Setup help only 2-One person physical assist 3-Two+ persons physical assist 8-ADL activity itself did not occur	IF Walk in Corridor =7 THEN Walk in Corridor -Support Provided will be visible and required to complete.
G0110.Dressing	Single Select	0-Independent 1-Supervision 2-Limited assistance 3-Extensive assistance 4-Total dependence 7-Activity occurred only once or twice 8-Activity did not occur	IF Dressing =7 THEN Dressing -Support Provided will be visible and required to complete. IF Dressing = 0-4 or 8, THEN Dressing-Support Provided will not be visible or required to complete.
G0110.Dressing-Support Provided	Single Select	0-No setup or physical help from staff. 1-Setup help only 2-One person physical assist 3-Two+ persons physical assist 8-ADL activity itself did not occur	IF Dressing =7 THEN Dressing -Support Provided will be visible and required to complete.
G0110.Eating	Single	0-Independent	IF Eating =7

	Select	1-Supervision 2-Limited assistance 3-Extensive assistance 4-Total dependence 7-Activity occurred only once or twice 8-Activity did not occur	THEN Eating -Support Provided will be visible and required to complete. IF Eating = 0-4 or 8, THEN Eating-Support Provided will not be visible or required to complete.
G0110H.Eating-Support Provided	Single Select	0-No setup or physical help from staff. 1-Setup help only 2-One person physical assist 3-Two+ persons physical assist 8-ADL activity itself did not occur	IF Eating=7 THEN Eating-Support Provided will be visible and required to complete.
G0110.Toilet Use	Single Select	0-Independent 1-Supervision 2-Limited assistance 3-Extensive assistance 4-Total dependence 7-Activity occurred only once or twice 8-Activity did not occur	IF Toilet Use =7 THEN Toilet Use -Support Provided will be visible and required to complete. IF Toilet Use = 0-4 or 8, THEN Toilet Use -Support Provided will not be visible or required to complete.
G0110.Toilet Use-Support Provided	Single Select	0-No setup or physical help from staff. 1-Setup help only 2-One person physical assist 3-Two+ persons physical assist 8-ADL activity itself did not occur	IF Toilet Use =7 THEN Toilet Use -Support Provided will be visible and required to complete.
G0110.Personal Hygiene	Single Select	0-Independent 1-Supervision 2-Limited assistance 3-Extensive assistance 4-Total dependence 7-Activity occurred only once or twice 8-Activity did not occur	IF Personal Hygiene =7 THEN Personal Hygiene-Support Provided will be visible and required to complete. IF Personal Hygiene= 0-4 or 8, THEN Personal Hygiene-Support Provided will not be visible or required to complete.
G0110.Personal Hygiene-Support Provided	Single Select	0-No setup or physical help from staff. 1-Setup help only 2-One person physical assist 3-Two+ persons physical assist 8-ADL activity itself did not occur	IF Personal Hygiene=7 THEN Personal Hygiene-Support Provided will be visible and required to complete.
G0120.Bathing	Single Select	0-Independent 1-Supervision 2- Physical help limited to transfer only 3-Physical help in part of bathing activity 4-Total dependence 8-Activity itself did not occur	

Quarterly MDS Assessment Results Screen Scripts

Field Label	Script
B0200.Hearing	Ability to hear (with hearing aid or hearing appliances if normally used).
B1000.Vision	Ability to see in adequate light (with glasses or other visual appliances).
Cognitive Assessment	Did the resident actively participate in the BIMS assessment? "No-Resident is comatose" should only be selected if B0100 from the quarterly MDS assessment=1
C1000.Cognitive Skills for Daily Decision Making	Made decisions regarding tasks of daily life.
C0500.BIMS Score	What is the summary score from the BIMS assessment?
E0200.Behavioral Symptoms-Physical	Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually).
E0200.Behavioral-Verbal	Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others).
E0200.Behavioral-Other	Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds).
G0110.Bed Mobility	How resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture.
G0110.Bed Mobility-Support Provided	Code for most support provided over all shifts; code regardless of resident's self-performance classification.
G0110.Transfer	How resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet).
G0110.Transfer-Support Provided	Code for most support provided over all shifts; code regardless of resident's self-performance classification.
G0110.Walk in Room	How resident walks between locations in his/her room.
G0110.Walk in Room-Support Provided	Code for most support provided over all shifts; code regardless of resident's self-performance classification.
G0110.Walk in Corridor	How resident walks in corridor on unit.
G0110.Walk in Corridor-Support Provided	Code for most support provided over all shifts; code regardless of resident's self-performance classification.
G0110.Dressing	How resident puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses.

G0110.Dressing-Support Provided	Code for most support provided over all shifts; code regardless of resident's self-performance classification.
G0110.Eating	How resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration).
G0110.Eating-Support Provided	Code for most support provided over all shifts; code regardless of resident's self-performance classification.
G0110.Toilet Use	How resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag.
G0110.Toilet Use-Support Provided	Code for most support provided over all shifts; code regardless of resident's self-performance classification.
G0110.Personal Hygiene	How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers).
G0110.Personal Hygiene-Support Provided	Code for most support provided over all shifts; code regardless of resident's self-performance classification.
G0120.Bathing	How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (excludes washing of back and hair). Code for most dependent in self-performance and support.

Additional Health and Functional Needs

The following questions should be completed based on the **current status/condition** of the resident. Questions are not related to the most recent quarterly MDS assessment values which were used to complete the previous screen.

Field Label	Type of Field	Pick List Values	Required to Save Rules
Living Arrangement	Single Select	01 Living alone 02 Living with spouse/parent 03 Living with family/friend/significant other 04 Living in congregate setting 05 Homeless	Yes
Falls	Single Select	00 No 01 Yes 03 Yes-Resulted in fracture	Yes
Self-Preservation	Single Select	00 Independent 01 Minimal supervision 02 Mentally unable 03 Physically unable 04 Both mentally and physically unable	Yes
Tube Feeding	Single Select	00 No 01 Yes	Yes

Clinical Monitoring	Single Select	00 None 01 At least once every 24 hours 02 At least once every 8 hours	Yes
Mechanical Vent	Single Select	00 Not applicable 01 Intermittent less than 6 hours per day 02 Intermittent at least 6 hours per day 03 Continuous	Yes
Level of Care Result	Read Only on Review Page	<p>Based on the information provided for this nursing home stay, it appears this consumer MEETS Level of Care for purposes of MA payment of long term care. Final determination will be made once the form is received by Senior LinkAge Line®. If this person is on a managed care plan there may be other qualifiers or prior authorization needed for the nursing facility stay.</p> <p>Based on the information provided for this nursing home stay, Level of Care for this consumer CANNOT BE DETERMINED for purposes of MA payment for long-term care and this consumer will be referred to the lead agency by the Senior LinkAge Line® for a face-to-face assessment.</p>	This field will display the appropriate pick list value based on the LOC algorithm on page 20

Field Label	Script
Living Arrangement	Who would the resident live with if they moved out of the nursing home?
Falls	Has the consumer had a fall in the last 12 months?
Self-Preservation	Does the resident have the judgment and physical ability to cope, make appropriate decisions and take action in a changing environment or a potentially harmful situation?
Tube Feeding	Does the resident receive tube feeding?

Clinical Monitoring	<p>Clinical monitoring includes nursing procedures emanating from the client’s diagnosis and medically unstable condition and high risk condition(s). The medical record must establish that:</p> <ol style="list-style-type: none"> 1. The physician has identified the medically unstable condition for which the clinical monitoring is needed; 2. A registered nurse has completed an assessment identifying the high risk condition(s); 3. A written plan for clinical monitoring has been developed; 4. Systematically recorded measurements (such measurements may be collected by licensed or unlicensed nursing personnel) have been made; 5. The clinical monitoring data has been interpreted by a registered nurse and communicated to the physician; and 6. The physician has documented periodic reassessment of the client’s medical status and documented the need for continued clinical monitoring.
Mechanical Vent	<p>Indicate the level the resident is dependent on mechanical ventilation for life support. DO NOT include intermittent or PRN need for oxygen, use of oxygen monitor or apnea monitor only, nebulizer treatments or CPAP for snoring or sleep apnea.</p>

Algorithm for Level of Care Results Field

IF four or more of the following fields equal the values listed:

G0120.Bathing = 3 or 4

G0110.Dressing = 3 or 4 OR [G0110.Dressing=7 AND Dressing-Support Provided=2 or 3]

G0110.Eating = 3 or 4 OR [G0110.Eating=7 AND G0110.Eating-Support Provided=2 or 3]

G0110.Personal Hygiene = 3 or 4 OR [G0110.Personal Hygiene=7 AND G0110.Personal Hygiene-Support Provided=2 or 3]

G0110.Walking in Room = 3 or 4 OR [G0110.Walking=7 AND G0110.Walking-Support Provided=2 or 3]

G0110.Walking in Corridor= 3 or 4 OR [G0110.Walking in Corridor=7 AND G0110.Walking in Corridor-Support Provided=2 or 3]

_____ OR _____

G0110.Bed Mobility = 3 or 4 OR [G0100.Bed Mobility=7 AND G0100.Bed Mobility-Support Provided=2 or 3]

_____ OR _____

G0110.Transferring = 3 or 4 OR [G0110.Transferring= 7 AND G0110.Transferring-Support Provided=2 or 3]

_____ OR _____

IF Clinical Monitoring=01 or 02

_____ OR _____

Tube Feeding = 01

_____ OR _____

Self-Preservation = 02, 03, or 04

_____ OR _____

Cognitive Assessment=No-Resident is comatose

_____ OR _____

C0500.BIMS Score = 0-12

_____ OR _____

C1000.Cognitive Skills for Daily Decision Making=2 or 3

_____ OR _____

E0200.Behavioral-Physical = 1, 2, or 3

_____ OR _____

E0200.Behavioral-Verbal= 1, 2, or 3

_____ OR _____

E0200.Behavioral-Other=1, 2, or 3

_____ OR _____

G0110.Toilet Use=3 OR 4 OR [G0110.Toilet Use = 7 AND G0110.Toilet Use-Support Provided= 2 or 3]

_____ OR _____

Mechanical Vent=02 or 03

_____ OR _____

IF Living Arrangement= 01 OR 05

AND

Falls=03

_____ OR _____

IF Living Arrangement= 01 OR 05

AND

B0200.Hearing = 2 OR 3

_____ OR _____

IF Living Arrangement = 01 OR 05

AND

B1000.Vision= 2, 3 or 4

_____ THEN _____

Level of Care Result = Based on the information provided for this nursing home stay, it appears this consumer MEETS Level of Care for purposes of MA payment of long term care. Final determination will be made once the form is received by Senior LinkAge Line®. If this person is on a managed care plan there may be other qualifiers or prior authorization needed for the nursing facility stay.