# APPENDIX F

## Minimum Data Set, Resident Assessment and Care Screening

Resident _____ Identifier _____ Date _____

# MINIMUM DATA SET (MDS) - Version 3.0

## RESIDENT ASSESSMENT AND CARE SCREENING

### *Nursing Home Comprehensive (NC) Item Set*

## Section A | Identification Information

### A0050. Type of Record

Enter Code ☐

1. **Add new record** → Continue to A0100, Facility Provider Numbers
2. **Modify existing record** → Continue to A0100, Facility Provider Numbers
3. **Inactivate existing record** → Skip to X0150, Type of Provider

### A0100. Facility Provider Numbers

A. **National Provider Identifier (NPI):** ☐☐☐☐☐☐☐☐☐☐

B. **CMS Certification Number (CCN):** ☐☐☐☐☐☐☐☐☐☐☐☐

C. **State Provider Number:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

### A0200. Type of Provider

Enter Code ☐

**Type of provider**

1. **Nursing home (SNF/NF)**
2. **Swing Bed**

### A0310. Type of Assessment

Enter Code ☐☐

A. **Federal OBRA Reason for Assessment**

01. **Admission** assessment (required by day 14)
02. **Quarterly** review assessment
03. **Annual** assessment
04. **Significant change in status** assessment
05. **Significant correction** to **prior comprehensive** assessment
06. **Significant correction** to **prior quarterly** assessment
99. **None of the above**

CATs | RUG IV

Enter Code ☐☐

B. **PPS Assessment**

**PPS Scheduled Assessments for a Medicare Part A Stay**

01. **5-day** scheduled assessment
02. **14-day** scheduled assessment
03. **30-day** scheduled assessment
04. **60-day** scheduled assessment
05. **90-day** scheduled assessment
06. **Readmission/return** assessment

RUG IV

**PPS Unscheduled Assessments for a Medicare Part A Stay**

07. **Unscheduled assessment used for PPS** (OMRA, significant or clinical change, or significant correction assessment)

**Not PPS Assessment**

99. **None of the above**

Enter Code ☐

C. **PPS Other Medicare Required Assessment - OMRA**

0. **No**
1. **Start of therapy** assessment
2. **End of therapy** assessment
3. **Both Start and End of therapy** assessment
4. **Change of therapy** assessment

RUG IV

Enter Code ☐

D. **Is this a Swing Bed clinical change assessment?** Complete only if A0200 = 2

0. **No**
1. **Yes**

RUG IV

**A0310 continued on next page**

# Section A Identification Information

## A0310. Type of Assessment - Continued

Enter Code ☐

**E. Is this assessment the first assessment** (OBRA, Scheduled PPS, or Discharge) **since the most recent admission/entry or reentry?**
0. **No**
1. **Yes**

Enter Code ☐☐

**F. Entry/discharge reporting**
01. **Entry** tracking record
10. **Discharge** assessment-**return not anticipated**
11. **Discharge** assessment-**return anticipated**
12. **Death in facility** tracking record
99. **None of the above**

Enter Code ☐

**G. Type of discharge** - Complete only if A0310F = 10 or 11
1. **Planned**
2. **Unplanned**

## A0410. Submission Requirement

Enter Code ☐

1. **Neither federal nor state required submission**
2. **State but not federal required submission** (FOR NURSING HOMES ONLY)
3. **Federal required submission**

## A0500. Legal Name of Resident

**A. First name:** ☐☐☐☐☐☐☐☐☐☐☐☐

**B. Middle initial:** ☐

**C. Last name:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

**D. Suffix:** ☐☐☐

## A0600. Social Security and Medicare Numbers

**A. Social Security Number:** ☐☐☐ – ☐☐ – ☐☐☐☐

**B. Medicare number** (or comparable railroad insurance number)**:** ☐☐☐☐☐☐☐☐☐☐☐☐

## A0700. Medicaid Number - Enter "-" if pending, "N" if not a Medicaid recipient

☐☐☐☐☐☐☐☐☐☐☐☐☐☐

## A0800. Gender

Enter Code ☐

1. **Male**
2. **Female**

## A0900. Birth Date

☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

## A1000. Race/Ethnicity

↓ Check all that apply

- ☐ **A. American Indian or Alaska Native**
- ☐ **B. Asian**
- ☐ **C. Black or African American**
- ☐ **D. Hispanic or Latino**
- ☐ **E. Native Hawaiian or Other Pacific Islander**
- ☐ **F. White**

# Section A Identification Information

## A1100. Language

Enter Code ☐

**A. Does the resident need or want an interpreter to communicate with a doctor or health care staff?**

0. **No**
1. **Yes** → Specify in A1100B, Preferred language
9. **Unable to determine**

**B. Preferred language:**

## A1200. Marital Status

Enter Code ☐

1. **Never married**
2. **Married**
3. **Widowed**
4. **Separated**
5. **Divorced**

## A1300. Optional Resident Items

**A. Medical record number:**

**B. Room number:**

**C. Name by which resident prefers to be addressed:**

**D. Lifetime occupation(s)** - put "/" between two occupations:

## A1500. Preadmission Screening and Resident Review (PASRR)

Complete only if A0310A = 01, 03, 04, or 05

Enter Code ☐

**Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability ("mental retardation" in federal regulation) or a related condition?**

0. **No** → Skip to A1550, Conditions Related to ID/DD Status
1. **Yes** → Continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions
9. **Not a Medicaid-certified unit** → Skip to A1550, Conditions Related to ID/DD Status

## A1510. Level II Preadmission Screening and Resident Review (PASRR) Conditions

Complete only if A0310A = 01, 03, 04, or 05

↓ **Check all that apply**

☐ **A. Serious mental illness**

☐ **B. Intellectual Disability ("mental retardation" in federal regulation)**

☐ **C. Other related conditions**

# Section A Identification Information

## A1550. Conditions Related to ID/DD Status

If the resident is 22 years of age or older, complete only if A0310A = 01
If the resident is 21 years of age or younger, complete only if A0310A = 01, 03, 04, or 05

↓ **Check all conditions that are related to ID/DD status** that were manifested before age 22, and are likely to continue indefinitely

**ID/DD With Organic Condition**

- ☐ **A. Down syndrome**
- ☐ **B. Autism**
- ☐ **C. Epilepsy**
- ☐ **D. Other organic condition related to ID/DD**

**ID/DD Without Organic Condition**

- ☐ **E. ID/DD with no organic condition**

**No ID/DD**

- ☐ **Z. None of the above**

## A1600. Entry Date (date of this admission/entry or reentry into the facility)

☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

## A1700. Type of Entry

Enter Code ☐

1. **Admission**
2. **Reentry**

## A1800. Entered From

Enter Code ☐☐

01. **Community** (private home/apt., board/care, assisted living, group home)
02. **Another nursing home or swing bed**
03. **Acute hospital**
04. **Psychiatric hospital**
05. **Inpatient rehabilitation facility**
06. **ID/DD facility**
07. **Hospice**
09. **Long Term Care Hospital** (LTCH)
99. **Other**

## A2000. Discharge Date

Complete only if A0310F = 10, 11, or 12

☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

## A2100. Discharge Status

Complete only if A0310F = 10, 11, or 12

Enter Code ☐☐

01. **Community** (private home/apt., board/care, assisted living, group home)
02. **Another nursing home or swing bed**
03. **Acute hospital**
04. **Psychiatric hospital**
05. **Inpatient rehabilitation facility**
06. **ID/DD facility**
07. **Hospice**
08. **Deceased**
09. **Long Term Care Hospital** (LTCH)
99. **Other**

# Section A | Identification Information

## A2200. Previous Assessment Reference Date for Significant Correction

Complete only if A0310A = 05 or 06

Month – Day – Year

## A2300. Assessment Reference Date

**Observation end date:**

Month – Day – Year

| CATs | RUG IV | RUG III |
|---|---|---|

## A2400. Medicare Stay

Enter Code

**A. Has the resident had a Medicare-covered stay since the most recent entry?**

0. **No** → Skip to B0100, Comatose
1. **Yes** → Continue to A2400B, Start date of most recent Medicare stay

**B. Start date of most recent Medicare stay:**

Month – Day – Year

| RUG-IV |
|---|

**C. End date of most recent Medicare stay** - Enter dashes if stay is ongoing:

Month – Day – Year

| RUG IV |
|---|

**Look back period for all items is 7 days unless another time frame is indicated**

## Section B | Hearing, Speech, and Vision

### B0100. Comatose

Enter Code ☐

**Persistent vegetative state/no discernible consciousness**

0. **No** → Continue to B0200, Hearing
1. **Yes** → Skip to G0110, Activities of Daily Living (ADL) Assistance

RUG IV | RUG III

### B0200. Hearing

Enter Code ☐

**Ability to hear** (with hearing aid or hearing appliances if normally used)

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

CATs

### B0300. Hearing Aid

Enter Code ☐

**Hearing aid or other hearing appliance used** in completing B0200, Hearing

0. **No**
1. **Yes**

### B0600. Speech Clarity

Enter Code ☐

**Select best description of speech pattern**

0. **Clear speech** - distinct intelligible words
1. **Unclear speech** - slurred or mumbled words
2. **No speech** - absence of spoken words

### B0700. Makes Self Understood

Enter Code ☐

**Ability to express ideas and wants,** consider both verbal and non-verbal expression

0. **Understood**
1. **Usually understood** - difficulty communicating some words or finishing thoughts **but** is able if prompted or given time
2. **Sometimes understood** - ability is limited to making concrete requests
3. **Rarely/never understood**

CATs | RUG IV | RUG III

### B0800. Ability To Understand Others

Enter Code ☐

**Understanding verbal content, however able** (with hearing aid or device if used)

0. **Understands** - clear comprehension
1. **Usually understands** - misses some part/intent of message **but** comprehends most conversation
2. **Sometimes understands** - responds adequately to simple, direct communication only
3. **Rarely/never understands**

CATs

### B1000. Vision

Enter Code ☐

**Ability to see in adequate light** (with glasses or other visual appliances)

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

CATs

### B1200. Corrective Lenses

Enter Code ☐

**Corrective lenses (contacts, glasses, or magnifying glass) used** in completing B1000, Vision

0. **No**
1. **Yes**

# Section C Cognitive Patterns

## C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?

Attempt to conduct interview with all residents

Enter Code ☐

0. **No** (resident is rarely/never understood) → Skip to and complete C0700-C1000, Staff Assessment for Mental Status
1. **Yes** → Continue to C0200, Repetition of Three Words

## Brief Interview for Mental Status (BIMS)

### C0200. Repetition of Three Words

Enter Code ☐

Ask resident: *"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are:* ***sock, blue, and bed.*** *Now tell me the three words."*

**Number of words repeated after first attempt**

0. **None**
1. **One**
2. **Two**
3. **Three**

RUG IV | RUG III

After the resident's first attempt, repeat the words using cues ("*sock, something to wear; blue, a color; bed, a piece of furniture*"). You may repeat the words up to two more times.

### C0300. Temporal Orientation (orientation to year, month, and day)

Enter Code ☐

Ask resident: "*Please tell me what year it is right now.*"

**A. Able to report correct year**

0. **Missed by > 5 years** or no answer
1. **Missed by 2-5 years**
2. **Missed by 1 year**
3. **Correct**

RUG IV | RUG III

Enter Code ☐

Ask resident: "*What month are we in right now?*"

**B. Able to report correct month**

0. **Missed by > 1 month** or no answer
1. **Missed by 6 days to 1 month**
2. **Accurate within 5 days**

RUG IV | RUG III

Enter Code ☐

Ask resident: "*What day of the week is today?*"

**C. Able to report correct day of the week**

0. **Incorrect** or no answer
1. **Correct**

RUG IV | RUG III

### C0400. Recall

Ask resident: "*Let's go back to an earlier question. What were those three words that I asked you to repeat?*"

If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.

Enter Code ☐

**A. Able to recall "sock"**

0. **No** - could not recall
1. **Yes, after cueing** ("something to wear")
2. **Yes, no cue required**

RUG IV | RUG III

Enter Code ☐

**B. Able to recall "blue"**

0. **No** - could not recall
1. **Yes, after cueing** ("a color")
2. **Yes, no cue required**

RUG IV | RUG III

Enter Code ☐

**C. Able to recall "bed"**

0. **No** - could not recall
1. **Yes, after cueing** ("a piece of furniture")
2. **Yes, no cue required**

RUG IV | RUG III

### C0500. Summary Score

Enter Score ☐☐

**Add scores** for questions C0200-C0400 and fill in total score (00-15)
**Enter 99 if the resident was unable to complete the interview**

CATs | RUG IV | RUG III

Resident _____ Identifier _____ Date _____

# Section C Cognitive Patterns

## C0600. Should the Staff Assessment for Mental Status (C0700 - C1000) be Conducted?

Enter Code ☐

0. **No** (resident was able to complete interview) → Skip to C1300, Signs and Symptoms of Delirium
1. **Yes** (resident was unable to complete interview) → Continue to C0700, Short-term Memory OK

## Staff Assessment for Mental Status

Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed

## C0700. Short-term Memory OK

Enter Code ☐

**Seems or appears to recall after 5 minutes**

0. **Memory OK**
1. **Memory problem**

CATs | RUG IV | RUG III

## C0800. Long-term Memory OK

Enter Code ☐

**Seems or appears to recall long past**

0. **Memory OK**
1. **Memory problem**

CATs

## C0900. Memory/Recall Ability

↓ **Check all that the resident was normally able to recall**

- ☐ **A. Current season**
- ☐ **B. Location of own room**
- ☐ **C. Staff names and faces**
- ☐ **D. That he or she is in a nursing home**
- ☐ **Z. None of the above** were recalled

## C1000. Cognitive Skills for Daily Decision Making

Enter Code ☐

**Made decisions regarding tasks of daily life**

0. **Independent** - decisions consistent/reasonable
1. **Modified independence** - some difficulty in new situations only
2. **Moderately impaired** - decisions poor; cues/supervision required
3. **Severely impaired** - never/rarely made decisions

CATs | RUG IV | RUG III

# Delirium

## C1300. Signs and Symptoms of Delirium (from CAM©)

Code **after completing** Brief Interview for Mental Status or Staff Assessment, and reviewing medical record

**Coding:**

0. **Behavior not present**
1. **Behavior continuously present, does not fluctuate**
2. **Behavior present, fluctuates** (comes and goes, changes in severity)

↓ **Enter Codes in Boxes**

- ☐ **A. Inattention** - Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)? CATs
- ☐ **B. Disorganized thinking** - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)? CATs
- ☐ **C. Altered level of consciousness** - Did the resident have altered level of consciousness (e.g., **vigilant** - startled easily to any sound or touch; **lethargic** - repeatedly dozed off when being asked questions, but responded to voice or touch; **stuporous** - very difficult to arouse and keep aroused for the interview; **comatose** - could not be aroused)? CATs
- ☐ **D. Psychomotor retardation**- Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly? CATs

## C1600. Acute Onset Mental Status Change

Enter Code ☐

**Is there evidence of an acute change in mental status** from the resident's baseline?

0. **No**
1. **Yes**

CATs

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Resident _____ Identifier _____ Date _____

# Section D Mood

**D0100. Should Resident Mood Interview be Conducted?** - Attempt to conduct interview with all residents

Enter Code ☐

0. **No** (resident is rarely/never understood) → Skip to and complete D0500-D0600, Staff Assessment of Resident Mood (PHQ-9-OV)
1. **Yes** → Continue to D0200, Resident Mood Interview (PHQ-9©)

## D0200. Resident Mood Interview (PHQ-9©)

**Say to resident: *"Over the last 2 weeks, have you been bothered by any of the following problems?"***

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, then ask the resident: "*About **how often** have you been bothered by this?*"
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. **Symptom Presence**
   0. **No** (enter 0 in column 2)
   1. **Yes** (enter 0-3 in column 2)
   9. **No response** (leave column 2 blank)

2. **Symptom Frequency**
   0. **Never or 1 day**
   1. **2-6 days** (several days)
   2. **7-11 days** (half or more of the days)
   3. **12-14 days** (nearly every day)

| | 1. Symptom Presence | 2. Symptom Frequency |
|---|---|---|
| | ↓ Enter Scores in Boxes ↓ | |
| A. *Little interest or pleasure in doing things* | CATs ☐ | RUG IV ☐ RUG III |
| B. *Feeling down, depressed, or hopeless* | ☐ | RUG IV ☐ RUG III |
| C. *Trouble falling or staying asleep, or sleeping too much* | ☐ | RUG IV ☐ RUG III |
| D. *Feeling tired or having little energy* | ☐ | RUG IV ☐ RUG III |
| E. *Poor appetite or overeating* | ☐ | RUG IV ☐ RUG III |
| F. *Feeling bad about yourself - or that you are a failure or have let yourself or your family down* | ☐ | RUG IV ☐ RUG III |
| G. *Trouble concentrating on things, such as reading the newspaper or watching television* | ☐ | RUG IV ☐ RUG III |
| H. *Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual* | ☐ | RUG IV ☐ RUG III |
| I. *Thoughts that you would be better off dead, or of hurting yourself in some way* | CATs ☐ | RUG IV ☐ RUG III |

## D0300. Total Severity Score

Enter Score ☐☐

**Add scores for all frequency responses in Column 2,** Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).

CATs ☐ RUG IV ☐ RUG III ☐

## D0350. Safety Notification - Complete only if D0200I1 = 1 indicating possibility of resident self harm

Enter Code ☐

**Was responsible staff or provider informed that there is a potential for resident self harm?**
0. **No**
1. **Yes**

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# Section D Mood

## D0500. Staff Assessment of Resident Mood (PHQ-9-OV*)

Do not conduct if Resident Mood Interview (D0200-D0300) was completed

**Over the last 2 weeks, did the resident have any of the following problems or behaviors?**

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
Then move to column 2, Symptom Frequency, and indicate symptom frequency.

1. **Symptom Presence**
   0. **No** (enter 0 in column 2)
   1. **Yes** (enter 0-3 in column 2)

2. **Symptom Frequency**
   0. **Never or 1 day**
   1. **2-6 days** (several days)
   2. **7-11 days** (half or more of the days)
   3. **12-14 days** (nearly every day)

| | 1. Symptom Presence | 2. Symptom Frequency |
|---|---|---|
| | ↓ Enter Scores in Boxes ↓ | |
| A. Little interest or pleasure in doing things | CATs | RUG IV RUG III |
| B. Feeling or appearing down, depressed, or hopeless | | RUG IV RUG III |
| C. Trouble falling or staying asleep, or sleeping too much | | RUG IV RUG III |
| D. Feeling tired or having little energy | | RUG IV RUG III |
| E. Poor appetite or overeating | | RUG IV RUG III |
| F. Indicating that s/he feels bad about self, is a failure, or has let self or family down | | RUG IV RUG III |
| G. Trouble concentrating on things, such as reading the newspaper or watching television | | RUG IV RUG III |
| H. Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that s/he has been moving around a lot more than usual | | RUG IV RUG III |
| I. States that life isn't worth living, wishes for death, or attempts to harm self | CATs | RUG IV RUG III |
| J. Being short-tempered, easily annoyed | | RUG IV RUG III |

## D0600. Total Severity Score

Enter Score

**Add scores for all frequency responses in Column 2**, Symptom Frequency. Total score must be between 00 and 30. CATs | RUG IV | RUG III

## D0650. Safety Notification - Complete only if D0500I1 = 1 indicating possibility of resident self harm

Enter Code

**Was responsible staff or provider informed that there is a potential for resident self harm?**
0. **No**
1. **Yes**

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# Section E Behavior

## E0100. Potential Indicators of Psychosis

↓ Check all that apply

- ☐ A. **Hallucinations** (perceptual experiences in the absence of real external sensory stimuli) RUG IV | RUG III
- ☐ B. **Delusions** (misconceptions or beliefs that are firmly held, contrary to reality) RUG IV | RUG III
- ☐ Z. **None of the above**

## Behavioral Symptoms

## E0200. Behavioral Symptom - Presence & Frequency

Note presence of symptoms and their frequency

**Coding:**
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**

↓ Enter Codes in Boxes

- ☐ A. **Physical behavioral symptoms directed toward others** (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually) CATs | RUG IV | RUG III
- ☐ B. **Verbal behavioral symptoms directed toward others** (e.g., threatening others, screaming at others, cursing at others) CATs | RUG IV | RUG III
- ☐ C. **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) CATs | RUG IV | RUG III

## E0300. Overall Presence of Behavioral Symptoms

Enter Code ☐

**Were any behavioral symptoms in questions E0200 coded 1, 2, or 3?** CATs
0. **No** → Skip to E0800, Rejection of Care
1. **Yes** → Considering all of E0200, Behavioral Symptoms, answer E0500 and E0600 below

## E0500. Impact on Resident

**Did any of the identified symptom(s):**

Enter Code ☐ **A. Put the resident at significant risk for physical illness or injury?**
0. **No**
1. **Yes**

Enter Code ☐ **B. Significantly interfere with the resident's care?**
0. **No**
1. **Yes**

Enter Code ☐ **C. Significantly interfere with the resident's participation in activities or social interactions?**
0. **No**
1. **Yes**

## E0600. Impact on Others

**Did any of the identified symptom(s):**

Enter Code ☐ **A. Put others at significant risk for physical injury?**
0. **No**
1. **Yes**

Enter Code ☐ **B. Significantly intrude on the privacy or activity of others?**
0. **No**
1. **Yes**

Enter Code ☐ **C. Significantly disrupt care or living environment?**
0. **No**
1. **Yes**

## E0800. Rejection of Care - Presence & Frequency

Enter Code ☐

**Did the resident reject evaluation or care** (e.g., bloodwork, taking medications, ADL assistance) **that is necessary to achieve the resident's goals for health and well-being?** Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family), and determined to be consistent with resident values, preferences, or goals.
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**

CATs | RUG IV | RUG III

# Section E Behavior

## E0900. Wandering - Presence & Frequency

Enter Code ☐

**Has the resident wandered?**

0. **Behavior not exhibited** → Skip to E1100, Change in Behavioral or Other Symptoms
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**

CATs | RUG IV | RUG III

## E1000. Wandering - Impact

Enter Code ☐

**A. Does the wandering place the resident at significant risk of getting to a potentially dangerous place** (e.g., stairs, outside of the facility)?

0. **No**
1. **Yes**

Enter Code ☐

**B. Does the wandering significantly intrude on the privacy or activities of others?**

0. **No**
1. **Yes**

## E1100. Change in Behavior or Other Symptoms

Consider all of the symptoms assessed in items E0100 through E1000

Enter Code ☐

How does resident's current behavior status, care rejection, or wandering **compare to prior assessment (OBRA or Scheduled PPS)?**

0. **Same**
1. **Improved**
2. **Worse**
3. **N/A** because no prior MDS assessment

CATs

# Section F | Preferences for Customary Routine and Activities

**F0300. Should Interview for Daily and Activity Preferences be Conducted?** - Attempt to interview all residents able to communicate. If resident is unable to complete, attempt to complete interview with family member or significant other

Enter Code ☐

0. **No** (resident is rarely/never understood and family/significant other not available) → Skip to and complete F0800, Staff Assessment of Daily and Activity Preferences
1. **Yes** → Continue to F0400, Interview for Daily Preferences

## F0400. Interview for Daily Preferences

Show resident the response options and say: **"*While you are in this facility...*"**

**Coding:**
1. **Very important**
2. **Somewhat important**
3. **Not very important**
4. **Not important at all**
5. **Important, but can't do or no choice**
9. **No response or non-responsive**

↓ **Enter Codes in Boxes**

| | |
|---|---|
| ☐ | **A.** *how important is it to you to* ***choose what clothes to wear?*** |
| ☐ | **B.** *how important is it to you to* ***take care of your personal belongings or things?*** |
| ☐ | **C.** *how important is it to you to* ***choose between a tub bath, shower, bed bath, or sponge bath?*** |
| ☐ | **D.** *how important is it to you to* ***have snacks available between meals?*** |
| ☐ | **E.** *how important is it to you to* ***choose your own bedtime?*** |
| ☐ | **F.** *how important is it to you to* ***have your family or a close friend involved in discussions about your care?*** |
| ☐ | **G.** *how important is it to you to* ***be able to use the phone in private?*** |
| ☐ | **H.** *how important is it to you to* ***have a place to lock your things to keep them safe?*** |

## F0500. Interview for Activity Preferences

Show resident the response options and say: **"*While you are in this facility...*"**

**Coding:**
1. **Very important**
2. **Somewhat important**
3. **Not very important**
4. **Not important at all**
5. **Important, but can't do or no choice**
9. **No response or non-responsive**

↓ **Enter Codes in Boxes**

| | | |
|---|---|---|
| ☐ | **A.** *how important is it to you to* ***have books, newspapers, and magazines to read?*** | CATs |
| ☐ | **B.** *how important is it to you to* ***listen to music you like?*** | CATs |
| ☐ | **C.** *how important is it to you to* ***be around animals such as pets?*** | CATs |
| ☐ | **D.** *how important is it to you to* ***keep up with the news?*** | CATs |
| ☐ | **E.** *how important is it to you to* ***do things with groups of people?*** | CATs |
| ☐ | **F.** *how important is it to you to* ***do your favorite activities?*** | CATs |
| ☐ | **G.** *how important is it to you to* ***go outside to get fresh air when the weather is good?*** | CATs |
| ☐ | **H.** *how important is it to you to* ***participate in religious services or practices?*** | CATs |

## F0600. Daily and Activity Preferences Primary Respondent

Enter Code ☐

**Indicate primary respondent** for Daily and Activity Preferences (F0400 and F0500) CATs

1. **Resident**
2. **Family or significant other** (close friend or other representative)
9. **Interview could not be completed** by resident or family/significant other ("No response" to 3 or more items")

# Section F Preferences for Customary Routine and Activities

## F0700. Should the Staff Assessment of Daily and Activity Preferences be Conducted?

Enter Code ☐

0. **No** (because Interview for Daily and Activity Preferences (F0400 and F0500) was completed by resident or family/significant other) → Skip to and complete G0110, Activities of Daily Living (ADL) Assistance
1. **Yes** (because 3 or more items in Interview for Daily and Activity Preferences (F0400 and F0500) were not completed by resident or family/significant other) → Continue to F0800, Staff Assessment of Daily and Activity Preferences

## F0800. Staff Assessment of Daily and Activity Preferences

Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed

**Resident Prefers:**

| ↓ Check all that apply | | |
|---|---|---|
| ☐ | A. Choosing clothes to wear | |
| ☐ | B. Caring for personal belongings | |
| ☐ | C. Receiving tub bath | |
| ☐ | D. Receiving shower | |
| ☐ | E. Receiving bed bath | |
| ☐ | F. Receiving sponge bath | |
| ☐ | G. Snacks between meals | |
| ☐ | H. Staying up past 8:00 p.m. | |
| ☐ | I. Family or significant other involvement in care discussions | |
| ☐ | J. Use of phone in private | |
| ☐ | K. Place to lock personal belongings | |
| ☐ | L. Reading books, newspapers, or magazines | CATs |
| ☐ | M. Listening to music | CATs |
| ☐ | N. Being around animals such as pets | CATs |
| ☐ | O. Keeping up with the news | CATs |
| ☐ | P. Doing things with groups of people | CATs |
| ☐ | Q. Participating in favorite activities | CATs |
| ☐ | R. Spending time away from the nursing home | CATs |
| ☐ | S. Spending time outdoors | CATs |
| ☐ | T. Participating in religious activities or practices | CATs |
| ☐ | Z. None of the above | |

# Section G Functional Status

## G0110. Activities of Daily Living (ADL) Assistance

Refer to the ADL flow chart in the RAI manual to facilitate accurate coding

**Instructions for Rule of 3**

- When an activity occurs three times at any one given level, code that level.
- When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8), activity must not have occurred at all. Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3).
- When an activity occurs at various levels, but not three times at any given level, apply the following:
  - When there is a combination of full staff performance, and extensive assistance, code extensive assistance.
  - When there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance code limited assistance (2).

**If none of the above are met, code supervision.**

**1. ADL Self-Performance**

Code for **resident's performance** over all shifts - not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time

**Coding:**

**Activity Occurred 3 or More Times**

0. **Independent** - no help or staff oversight at any time
1. **Supervision** - oversight, encouragement or cueing
2. **Limited assistance** - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
3. **Extensive assistance** - resident involved in activity, staff provide weight-bearing support
4. **Total dependence** - full staff performance every time during entire 7-day period

**Activity Occurred 2 or Fewer Times**

7. **Activity occurred only once or twice** - activity did occur but only once or twice
8. **Activity did not occur** - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

**2. ADL Support Provided**

Code for **most support provided** over all shifts; code regardless of resident's self-performance classification

**Coding:**

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** or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

| | 1. Self-Performance | 2. Support |
|---|---|---|
| | ↓ Enter Codes in Boxes ↓ | |
| A. **Bed mobility** - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture | CATs RUG IV RUG III | RUG IV RUG III |
| B. **Transfer** - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (**excludes** to/from bath/toilet) | CATs RUG IV RUG III | RUG IV RUG III |
| C. **Walk in room** - how resident walks between locations in his/her room | CATs | |
| D. **Walk in corridor** - how resident walks in corridor on unit | CATs | |
| E. **Locomotion on unit** - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair | CATs | |
| F. **Locomotion off unit** - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). **If facility has only one floor**, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair | CATs | |
| G. **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 | CATs | |
| H. **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) | CATs RUG IV RUG III | RUG IV |
| I. **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 | CATs RUG IV RUG III | RUG IV RUG III |
| J. **Personal hygiene** - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (**excludes** baths and showers) | CATs | |

# Section G Functional Status

## 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.

Enter Code ☐

**A. Self-performance**
0. **Independent** - no help provided
1. **Supervision** - oversight help only
2. **Physical help limited to transfer only**
3. **Physical help in part of bathing activity**
4. **Total dependence**
8. **Activity itself did not occur** or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

CATs

Enter Code ☐

**B. Support provided**
(Bathing support codes are as defined in item **G0110 column 2, ADL Support Provided**, above)

## G0300. Balance During Transitions and Walking

After observing the resident, **code the following walking and transition items for most dependent**

**Coding:**
0. **Steady at all times**
1. **Not steady, but able to stabilize without staff assistance**
2. **Not steady, only able to stabilize with staff assistance**
8. **Activity did not occur**

↓ **Enter Codes in Boxes**

| | | |
|---|---|---|
| ☐ | **A. Moving from seated to standing position** | CATs |
| ☐ | **B. Walking** (with assistive device if used) | CATs |
| ☐ | **C. Turning around** and facing the opposite direction while walking | CATs |
| ☐ | **D. Moving on and off toilet** | CATs |
| ☐ | **E. Surface-to-surface transfer** (transfer between bed and chair or wheelchair) | CATs |

## G0400. Functional Limitation in Range of Motion

**Code for limitation** that interfered with daily functions or placed resident at risk of injury

**Coding:**
0. **No impairment**
1. **Impairment on one side**
2. **Impairment on both sides**

↓ **Enter Codes in Boxes**

| | |
|---|---|
| ☐ | **A. Upper extremity** (shoulder, elbow, wrist, hand) |
| ☐ | **B. Lower extremity** (hip, knee, ankle, foot) |

## G0600. Mobility Devices

↓ **Check all that were normally used**

| | |
|---|---|
| ☐ | **A. Cane/crutch** |
| ☐ | **B. Walker** |
| ☐ | **C. Wheelchair** (manual or electric) |
| ☐ | **D. Limb prosthesis** |
| ☐ | **Z. None of the above** were used |

## G0900. Functional Rehabilitation Potential

Complete only if A0310A = 01

Enter Code ☐

**A. Resident believes he or she is capable of increased independence** in at least some ADLs
0. **No**
1. **Yes**
9. **Unable to determine**

CATs

Enter Code ☐

**B. Direct care staff believe resident is capable of increased independence** in at least some ADLs
0. **No**
1. **Yes**

CATs

# Section H Bladder and Bowel

## H0100. Appliances

Check all that apply

- ☐ A. **Indwelling catheter** (including suprapubic catheter and nephrostomy tube) CATs
- ☐ B. **External catheter** CATs
- ☐ C. **Ostomy** (including urostomy, ileostomy, and colostomy)
- ☐ D. **Intermittent catheterization** CATs
- ☐ Z. **None of the above**

## H0200. Urinary Toileting Program

Enter Code ☐

A. **Has a trial of a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training)** been attempted on admission/entry or reentry or since urinary incontinence was noted in this facility?

0. **No** → Skip to H0300, Urinary Continence
1. **Yes** → Continue to H0200B, Response
9. **Unable to determine** → Skip to H0200C, Current toileting program or trial

Enter Code ☐

B. **Response** - What was the resident's response to the trial program?

0. **No improvement**
1. **Decreased wetness**
2. **Completely dry** (continent)
9. **Unable to determine** or trial in progress

Enter Code ☐

C. **Current toileting program or trial** - Is a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) currently being used to manage the resident's urinary continence? RUG IV RUG III

0. **No**
1. **Yes**

## H0300. Urinary Continence

Enter Code ☐

**Urinary continence** - Select the one category that best describes the resident CATs

0. **Always continent**
1. **Occasionally incontinent** (less than 7 episodes of incontinence)
2. **Frequently incontinent** (7 or more episodes of urinary incontinence, but at least one episode of continent voiding)
3. **Always incontinent** (no episodes of continent voiding)
9. **Not rated,** resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entire 7 days

## H0400. Bowel Continence

Enter Code ☐

**Bowel continence** - Select the one category that best describes the resident CATs

0. **Always continent**
1. **Occasionally incontinent** (one episode of bowel incontinence)
2. **Frequently incontinent** (2 or more episodes of bowel incontinence, but at least one continent bowel movement)
3. **Always incontinent** (no episodes of continent bowel movements)
9. **Not rated,** resident had an ostomy or did not have a bowel movement for the entire 7 days

## H0500. Bowel Toileting Program

Enter Code ☐

**Is a toileting program currently being used to manage the resident's bowel continence?** RUG IV RUG III

0. **No**
1. **Yes**

## H0600. Bowel Patterns

Enter Code ☐

**Constipation present?**

0. **No**
1. **Yes**

Resident _____ Identifier _____ Date _____

# Section I Active Diagnoses

**Active Diagnoses in the last 7 days - Check all that apply**

Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

**Cancer**

- ☐ I0100. **Cancer** (with or without metastasis)

**Heart/Circulation**

- ☐ I0200. **Anemia** (e.g., aplastic, iron deficiency, pernicious, and sickle cell)
- ☐ I0300. **Atrial Fibrillation or Other Dysrhythmias** (e.g., bradycardias and tachycardias)
- ☐ I0400. **Coronary Artery Disease (CAD)** (e.g., angina, myocardial infarction, and atherosclerotic heart disease (ASHD))
- ☐ I0500. **Deep Venous Thrombosis (DVT), Pulmonary Embolus (PE), or Pulmonary Thrombo-Embolism (PTE)**
- ☐ I0600. **Heart Failure** (e.g., congestive heart failure (CHF) and pulmonary edema)
- ☐ I0700. **Hypertension**
- ☐ I0800. **Orthostatic Hypotension**
- ☐ I0900. **Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)**

**Gastrointestinal**

- ☐ I1100. **Cirrhosis**
- ☐ I1200. **Gastroesophageal Reflux Disease (GERD) or Ulcer** (e.g., esophageal, gastric, and peptic ulcers)
- ☐ I1300. **Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease**

**Genitourinary**

- ☐ I1400. **Benign Prostatic Hyperplasia (BPH)**
- ☐ I1500. **Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD)**
- ☐ I1550. **Neurogenic Bladder**
- ☐ I1650. **Obstructive Uropathy**

**Infections**

- ☐ I1700. **Multidrug-Resistant Organism (MDRO)** CATs
- ☐ I2000. **Pneumonia** CATs | RUG IV | RUG III
- ☐ I2100. **Septicemia** CATs | RUG IV | RUG III
- ☐ I2200. **Tuberculosis** CATs
- ☐ I2300. **Urinary Tract Infection (UTI) (LAST 30 DAYS)** CATs
- ☐ I2400. **Viral Hepatitis** (e.g., Hepatitis A, B, C, D, and E) CATs
- ☐ I2500. **Wound Infection** (other than foot) CATs

**Metabolic**

- ☐ I2900. **Diabetes Mellitus (DM)** (e.g., diabetic retinopathy, nephropathy, and neuropathy) RUG IV | RUG III
- ☐ I3100. **Hyponatremia**
- ☐ I3200. **Hyperkalemia**
- ☐ I3300. **Hyperlipidemia** (e.g., hypercholesterolemia)
- ☐ I3400. **Thyroid Disorder** (e.g., hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis)

**Musculoskeletal**

- ☐ I3700. **Arthritis** (e.g., degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA))
- ☐ I3800. **Osteoporosis**
- ☐ I3900. **Hip Fracture** - any hip fracture that has a relationship to current status, treatments, monitoring (e.g., sub-capital fractures, and fractures of the trochanter and femoral neck)
- ☐ I4000. **Other Fracture**

**Neurological**

- ☐ I4200. **Alzheimer's Disease** CATs
- ☐ I4300. **Aphasia** RUG III
- ☐ I4400. **Cerebral Palsy** RUG IV | RUG III
- ☐ I4500. **Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke**
- ☐ I4800. **Non-Alzheimer's Dementia** (e.g. Lewy body dementia, vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases) CATs

**Neurological Diagnoses continued on next page**

# Section I Active Diagnoses

**Active Diagnoses in the last 7 days - Check all that apply**

Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

**Neurological - Continued**

- ☐ **I4900. Hemiplegia or Hemiparesis** RUG IV RUG III
- ☐ **I5000. Paraplegia**
- ☐ **I5100. Quadriplegia** RUG IV RUG III
- ☐ **I5200. Multiple Sclerosis (MS)** RUG IV RUG III
- ☐ **I5250. Huntington's Disease**
- ☐ **I5300. Parkinson's Disease** RUG IV
- ☐ **I5350. Tourette's Syndrome**
- ☐ **I5400. Seizure Disorder or Epilepsy**
- ☐ **I5500. Traumatic Brain Injury (TBI)** RUG III

**Nutritional**

- ☐ **I5600. Malnutrition** (protein or calorie) or at risk for malnutrition

**Psychiatric/Mood Disorder**

- ☐ **I5700. Anxiety Disorder**
- ☐ **I5800. Depression** (other than bipolar)
- ☐ **I5900. Manic Depression** (bipolar disease)
- ☐ **I5950. Psychotic Disorder** (other than schizophrenia)
- ☐ **I6000. Schizophrenia** (e.g., schizoaffective and schizophreniform disorders)
- ☐ **I6100. Post Traumatic Stress Disorder (PTSD)**

**Pulmonary**

- ☐ **I6200. Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease** (e.g., chronic bronchitis and restrictive lung diseases such as asbestosis) RUG IV
- ☐ **I6300. Respiratory Failure** RUG IV

**Vision**

- ☐ **I6500. Cataracts, Glaucoma, or Macular Degeneration** CATs

**None of Above**

- ☐ **I7900. None of the above active diagnoses** within the last 7 days

**Other**

**I8000. Additional active diagnoses**

Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.

A. _____ | | | | | | | | |

B. _____ | | | | | | | | |

C. _____ | | | | | | | | |

D. _____ | | | | | | | | |

E. _____ | | | | | | | | |

F. _____ | | | | | | | | |

G. _____ | | | | | | | | |

H. _____ | | | | | | | | |

I. _____ | | | | | | | | |

J. _____ | | | | | | | | |

# Section J Health Conditions

## J0100. Pain Management - Complete for all residents, regardless of current pain level

At any time in the last **5** days, has the resident:

Enter Code ☐
**A. Received scheduled pain medication regimen?**
0. **No**
1. **Yes**

Enter Code ☐
**B. Received PRN pain medications OR was offered and declined?**
0. **No**
1. **Yes**

Enter Code ☐
**C. Received non-medication intervention for pain?**
0. **No**
1. **Yes**

## J0200. Should Pain Assessment Interview be Conducted?

Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea)

Enter Code ☐
0. **No** (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain
1. **Yes** → Continue to J0300, Pain Presence

# Pain Assessment Interview

## J0300. Pain Presence

Enter Code ☐
Ask resident: "***Have you had pain or hurting at any time*** *in the last 5 days?*"
0. **No** → Skip to J1100, Shortness of Breath
1. **Yes** → Continue to J0400, Pain Frequency
9. **Unable to answer** → Skip to J0800, Indicators of Pain or Possible Pain

## J0400. Pain Frequency

Enter Code ☐
Ask resident: "***How much of the time have you experienced pain or hurting*** *over the last 5 days?*"
1. **Almost constantly**
2. **Frequently**
3. **Occasionally**
4. **Rarely**
9. **Unable to answer**

CATs

## J0500. Pain Effect on Function

Enter Code ☐
**A.** Ask resident: "*Over the past 5 days,* ***has pain made it hard for you to sleep at night?***"
0. **No**
1. **Yes**
9. **Unable to answer**

CATs

Enter Code ☐
**B.** Ask resident: "*Over the past 5 days,* ***have you limited your day-to-day activities because of pain?***"
0. **No**
1. **Yes**
9. **Unable to answer**

CATs

## J0600. Pain Intensity - Administer **ONLY ONE** of the following pain intensity questions (A or B)

Enter Rating ☐☐
**A. Numeric Rating Scale (00-10)**
Ask resident: "*Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine.*" (Show resident 00 -10 pain scale)
**Enter two-digit response. Enter 99 if unable to answer.**

CATs

Enter Code ☐
**B. Verbal Descriptor Scale**
Ask resident: "*Please rate the intensity of your worst pain over the last 5 days.*" (Show resident verbal scale)
1. **Mild**
2. **Moderate**
3. **Severe**
4. **Very severe, horrible**
9. **Unable to answer**

CATs

# Section J Health Conditions

## J0700. Should the Staff Assessment for Pain be Conducted?

Enter Code ☐

0. **No** (J0400 = 1 thru 4) → Skip to J1100, Shortness of Breath (dyspnea)
1. **Yes** (J0400 = 9) → Continue to J0800, Indicators of Pain or Possible Pain

## Staff Assessment for Pain

### J0800. Indicators of Pain or Possible Pain in the last 5 days

↓ Check all that apply

| | | |
|---|---|---|
| ☐ | **A. Non-verbal sounds** (e.g., crying, whining, gasping, moaning, or groaning) | CATs |
| ☐ | **B. Vocal complaints of pain** (e.g., that hurts, ouch, stop) | CATs |
| ☐ | **C. Facial expressions** (e.g., grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw) | CATs |
| ☐ | **D. Protective body movements or postures** (e.g., bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement) | CATs |
| ☐ | **Z. None of these signs observed or documented** → If checked, skip to J1100, Shortness of Breath (dyspnea) | |

### J0850. Frequency of Indicator of Pain or Possible Pain in the last 5 days

Enter Code ☐

Frequency with which resident complains or shows evidence of pain or possible pain

1. **Indicators of pain** or possible pain observed **1 to 2 days**
2. **Indicators of pain** or possible pain observed **3 to 4 days**
3. **Indicators of pain** or possible pain observed **daily**

## Other Health Conditions

### J1100. Shortness of Breath (dyspnea)

↓ Check all that apply

| | | |
|---|---|---|
| ☐ | **A. Shortness of breath** or trouble breathing **with exertion** (e.g., walking, bathing, transferring) | |
| ☐ | **B. Shortness of breath** or trouble breathing **when sitting at rest** | |
| ☐ | **C. Shortness of breath** or trouble breathing **when lying flat** | RUG IV |
| ☐ | **Z. None of the above** | |

### J1300. Current Tobacco Use

Enter Code ☐

**Tobacco use**

0. **No**
1. **Yes**

### J1400. Prognosis

Enter Code ☐

Does the resident have a condition or chronic disease that may result in a **life expectancy of less than 6 months?** (Requires physician documentation)

0. **No**
1. **Yes**

### J1550. Problem Conditions

↓ Check all that apply

| | | | | |
|---|---|---|---|---|
| ☐ | **A. Fever** | CATs | RUG IV | RUG III |
| ☐ | **B. Vomiting** | CATs | RUG IV | RUG III |
| ☐ | **C. Dehydrated** | CATs | | RUG III |
| ☐ | **D. Internal bleeding** | CATs | | RUG III |
| ☐ | **Z. None of the above** | | | |

# Section J Health Conditions

## J1700. Fall History on Admission/Entry or Reentry

Complete only if A0310A = 01 or A0310E = 1

Enter Code ☐

**A.** Did the resident have a fall any time in the **last month** prior to admission/entry or reentry?
0. **No**
1. **Yes**
9. **Unable to determine**

CATs

Enter Code ☐

**B.** Did the resident have a fall any time in the **last 2-6 months** prior to admission/entry or reentry?
0. **No**
1. **Yes**
9. **Unable to determine**

CATs

Enter Code ☐

**C.** Did the resident have any **fracture related to a fall in the 6 months** prior to admission/entry or reentry?
0. **No**
1. **Yes**
9. **Unable to determine**

## J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent

Enter Code ☐

Has the resident **had any falls since admission/entry or reentry or the prior assessment** (OBRA or Scheduled PPS), whichever is more recent?
0. **No** → Skip to K0100, Swallowing Disorder
1. **Yes** → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)

CATs

## J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent

**Coding:**
0. **None**
1. **One**
2. **Two or more**

↓ **Enter Codes in Boxes**

☐ **A. No injury** - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall

☐ **B. Injury (except major)** - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain

☐ **C. Major injury** - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

# Section K | Swallowing/Nutritional Status

## K0100. Swallowing Disorder

Signs and symptoms of possible swallowing disorder

↓ Check all that apply

- ☐ A. Loss of liquids/solids from mouth when eating or drinking
- ☐ B. Holding food in mouth/cheeks or residual food in mouth after meals
- ☐ C. Coughing or choking during meals or when swallowing medications
- ☐ D. Complaints of difficulty or pain with swallowing
- ☐ Z. None of the above

## K0200. Height and Weight - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up

inches ☐☐

A. **Height** (in inches). Record most recent height measure since the most recent admission/entry or reentry CATs

pounds ☐☐☐

B. **Weight** (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.) CATs

## K0300. Weight Loss

Enter Code ☐

**Loss of 5% or more in the last month or loss of 10% or more in last 6 months**

0. **No** or unknown
1. **Yes, on** physician-prescribed weight-loss regimen
2. **Yes, not on** physician-prescribed weight-loss regimen

CATs | RUG IV | RUG III

## K0310. Weight Gain

Enter Code ☐

**Gain of 5% or more in the last month or gain of 10% or more in last 6 months**

0. **No** or unknown
1. **Yes, on** physician-prescribed weight-gain regimen
2. **Yes, not on** physician-prescribed weight-gain regimen

CATs

## K0510. Nutritional Approaches

Check all of the following nutritional approaches that were performed during the last 7 **days**

1. **While NOT a Resident**
   Performed ***while NOT a resident*** of this facility and within the ***last 7 days***. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank
2. **While a Resident**
   Performed ***while a resident*** of this facility and within the ***last 7 days***

| | 1. While NOT a Resident | 2. While a Resident |
|---|---|---|
| | ↓ Check all that apply ↓ | |
| A. **Parenteral/IV feeding** | CATs \| RUG IV \| RUG III ☐ | CATs \| RUG IV \| RUG III ☐ |
| B. **Feeding tube** - nasogastric or abdominal (PEG) | CATs \| RUG IV \| RUG III ☐ | CATs \| RUG IV \| RUG III ☐ |
| C. **Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids) | CATs ☐ | CATs ☐ |
| D. **Therapeutic diet** (e.g., low salt, diabetic, low cholesterol) | CATs ☐ | CATs ☐ |
| Z. **None of the above** | ☐ | ☐ |

## Section K Swallowing/Nutritional Status

**K0710. Percent Intake by Artificial Route** - Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B

1. **While NOT a Resident**
   Performed ***while NOT a resident*** of this facility and within the ***last 7 days***. Only enter a code in column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank
2. **While a Resident**
   Performed ***while a resident*** of this facility and within the ***last 7 days***
3. **During Entire 7 Days**
   Performed during the entire ***last 7 days***

| | 1. While NOT a Resident | 2. While a Resident | 3. During Entire 7 Days |
|---|---|---|---|
| | ↓ Enter Codes ↓ | | |
| A. Proportion of total calories the resident received through parenteral or tube feeding<br>1. 25% or less<br>2. 26-50%<br>3. 51% or more | ☐ | ☐ RUG IV RUG III | ☐ |
| B. Average fluid intake per day by IV or tube feeding<br>1. 500 cc/day or less<br>2. 501 cc/day or more | ☐ | ☐ RUG IV RUG III | ☐ |

## Section L Oral/Dental Status

**L0200. Dental**

↓ Check all that apply

| | | |
|---|---|---|
| ☐ | A. **Broken or loosely fitting full or partial denture** (chipped, cracked, uncleanable, or loose) | CATs |
| ☐ | B. **No natural teeth or tooth fragment(s)** (edentulous) | CATs |
| ☐ | C. **Abnormal mouth tissue** (ulcers, masses, oral lesions, including under denture or partial if one is worn) | CATs |
| ☐ | D. **Obvious or likely cavity or broken natural teeth** | CATs |
| ☐ | E. **Inflamed or bleeding gums or loose natural teeth** | CATs |
| ☐ | F. **Mouth or facial pain, discomfort or difficulty with chewing** | CATs |
| ☐ | G. **Unable to examine** | |
| ☐ | Z. **None of the above were present** | |

# Section M | Skin Conditions

## Report based on highest stage of existing ulcer(s) at its worst; do not "reverse" stage

### M0100. Determination of Pressure Ulcer Risk

↓ Check all that apply

- ☐ A. **Resident has a stage 1 or greater, a scar over bony prominence, or a non-removable dressing/device**
- ☐ B. **Formal assessment instrument/tool** (e.g., Braden, Norton, or other)
- ☐ C. **Clinical assessment**
- ☐ Z. **None of the above**

### M0150. Risk of Pressure Ulcers

Enter Code ☐

**Is this resident at risk of developing pressure ulcers?**

0. **No**
1. **Yes**

CATs

### M0210. Unhealed Pressure Ulcer(s)

Enter Code ☐

**Does this resident have one or more unhealed pressure ulcer(s) at Stage 1 or higher?**

0. **No** → Skip to M0900, Healed Pressure Ulcers
1. **Yes** → Continue to M0300, Current Number of Unhealed Pressure Ulcers at Each Stage

### M0300. Current Number of Unhealed Pressure Ulcers at Each Stage

Enter Number ☐

**A. Number of Stage 1 pressure ulcers** CATs | RUG III

**Stage 1:** Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues

Enter Number ☐

**B. Stage 2:** Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister

1. **Number of Stage 2 pressure ulcers** - If 0 → Skip to M0300C, Stage 3 CATs | RUG IV | RUG III

Enter Number ☐

2. **Number of <u>these</u> Stage 2 pressure ulcers that were present upon admission/entry or reentry** - enter how many were noted at the time of admission/entry or reentry

3. **Date of oldest Stage 2 pressure ulcer** - Enter dashes if date is unknown:

☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

Enter Number ☐

**C. Stage 3:** Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling

1. **Number of Stage 3 pressure ulcers** - If 0 → Skip to M0300D, Stage 4 CATs | RUG IV | RUG III

Enter Number ☐

2. **Number of <u>these</u> Stage 3 pressure ulcers that were present upon admission/entry or reentry** - enter how many were noted at the time of admission/entry or reentry

Enter Number ☐

**D. Stage 4:** Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling

1. **Number of Stage 4 pressure ulcers** - If 0 → Skip to M0300E, Unstageable: Non-removable dressing CATs | RUG IV | RUG III

Enter Number ☐

2. **Number of <u>these</u> Stage 4 pressure ulcers that were present upon admission/entry or reentry** - enter how many were noted at the time of admission/entry or reentry

**M0300 continued on next page**

# Section M Skin Conditions

## M0300. Current Number of Unhealed Pressure Ulcers at Each Stage - Continued

**E. Unstageable - Non-removable dressing:** Known but not stageable due to non-removable dressing/device

Enter Number ☐

1. **Number of unstageable pressure ulcers due to non-removable dressing/device** - If 0 → Skip to M0300F, Unstageable: Slough and/or eschar CATs

Enter Number ☐

2. **Number of these unstageable pressure ulcers that were present upon admission/entry or reentry** - enter how many were noted at the time of admission/entry or reentry

**F. Unstageable - Slough and/or eschar:** Known but not stageable due to coverage of wound bed by slough and/or eschar

Enter Number ☐

1. **Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar** - If 0 → Skip to M0300G, Unstageable: Deep tissue CATs RUG IV RUG III

Enter Number ☐

2. **Number of these unstageable pressure ulcers that were present upon admission/entry or reentry** - enter how many were noted at the time of admission/entry or reentry

**G. Unstageable - Deep tissue:** Suspected deep tissue injury in evolution CATs

Enter Number ☐

1. **Number of unstageable pressure ulcers with suspected deep tissue injury in evolution** - If 0 → Skip to M0610, Dimension of Unhealed Stage 3 or 4 Pressure Ulcers or Eschar

Enter Number ☐

2. **Number of these unstageable pressure ulcers that were present upon admission/entry or reentry** - enter how many were noted at the time of admission/entry or reentry

## M0610. Dimensions of Unhealed Stage 3 or 4 Pressure Ulcers or Eschar

Complete only if M0300C1, M0300D1 or M0300F1 is greater than 0

If the resident has one or more unhealed Stage 3 or 4 pressure ulcers or an unstageable pressure ulcer due to slough or eschar, identify the pressure ulcer with the largest surface area (length x width) and record in centimeters:

☐☐.☐ cm **A. Pressure ulcer length:** Longest length from head to toe

☐☐.☐ cm **B. Pressure ulcer width:** Widest width of the same pressure ulcer, side-to-side perpendicular (90-degree angle) to length

☐☐.☐ cm **C. Pressure ulcer depth:** Depth of the same pressure ulcer from the visible surface to the deepest area (if depth is unknown, enter a dash in each box)

## M0700. Most Severe Tissue Type for Any Pressure Ulcer

Enter Code ☐

Select the best description of the most severe type of tissue present in any pressure ulcer bed

1. **Epithelial tissue** - new skin growing in superficial ulcer. It can be light pink and shiny, even in persons with darkly pigmented skin
2. **Granulation tissue** - pink or red tissue with shiny, moist, granular appearance
3. **Slough** - yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous
4. **Eschar** - black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin

9. **None of the Above**

## M0800. Worsening in Pressure Ulcer Status Since Prior Assessment (OBRA or Scheduled PPS) or Last Admission/Entry or Reentry

Complete only if A0310E = 0

Indicate the number of current pressure ulcers that were **not present or were at a lesser stage** on prior assessment (OBRA or scheduled PPS) or last entry. If no current pressure ulcer at a given stage, enter 0.

Enter Number ☐ **A. Stage 2** CATs

Enter Number ☐ **B. Stage 3** CATs

Enter Number ☐ **C. Stage 4** CATs

# Section M Skin Conditions

## M0900. Healed Pressure Ulcers

Complete only if A0310E = 0

Enter Code ☐

**A. Were pressure ulcers present on the prior assessment (OBRA or scheduled PPS)?**

0. **No** → Skip to M1030, Number of Venous and Arterial Ulcers
1. **Yes** → Continue to M0900B, Stage 2

Indicate the number of pressure ulcers that were noted on the prior assessment (OBRA or scheduled PPS) that have completely closed (resurfaced with epithelium). If no healed pressure ulcer at a given stage since the prior assessment (OBRA or scheduled PPS), enter 0.

Enter Number ☐ **B. Stage 2**

Enter Number ☐ **C. Stage 3**

Enter Number ☐ **D. Stage 4**

## M1030. Number of Venous and Arterial Ulcers

Enter Number ☐ **Enter the total number of venous and arterial ulcers present** RUG IV | RUG III

## M1040. Other Ulcers, Wounds and Skin Problems

↓ Check all that apply

**Foot Problems**

☐ **A. Infection of the foot** (e.g., cellulitis, purulent drainage) CATs | RUG IV | RUG III

☐ **B. Diabetic foot ulcer(s)** RUG IV | RUG III

☐ **C. Other open lesion(s) on the foot** RUG IV | RUG III

**Other Problems**

☐ **D. Open lesion(s) other than ulcers, rashes, cuts** (e.g., cancer lesion) RUG IV | RUG III

☐ **E. Surgical wound(s)** RUG IV | RUG III

☐ **F. Burn(s)** (second or third degree) RUG IV | RUG III

☐ **G. Skin tear(s)**

☐ **H. Moisture Associated Skin Damage (MASD)** (i.e. incontinence (IAD), perspiration, drainage) CATs

**None of the Above**

☐ **Z. None of the above** were present

## M1200. Skin and Ulcer Treatments

↓ Check all that apply

☐ **A. Pressure reducing device for chair** RUG IV | RUG III

☐ **B. Pressure reducing device for bed** RUG IV | RUG III

☐ **C. Turning/repositioning program** RUG IV | RUG III

☐ **D. Nutrition or hydration intervention** to manage skin problems RUG IV | RUG III

☐ **E. Pressure ulcer care** RUG IV | RUG III

☐ **F. Surgical wound care** RUG IV | RUG III

☐ **G. Application of nonsurgical dressings** (with or without topical medications) other than to feet RUG IV | RUG III

☐ **H. Applications of ointments/medications** other than to feet RUG IV | RUG III

☐ **I. Application of dressings to feet** (with or without topical medications) RUG IV | RUG III

☐ **Z. None of the above** were provided

# Section N | Medications

## N0300. Injections

Enter Days ☐

**Record the number of days that injections of any type** were received during the last 7 days or since admission/entry or reentry if less than 7 days. If 0 → Skip to N0410, Medications Received

RUG III

## N0350. Insulin

Enter Days ☐

A. **Insulin injections - Record the number of days that insulin injections** were received during the last 7 days or since admission/entry or reentry if less than 7 days

RUG IV

Enter Days ☐

B. **Orders for insulin - Record the number of days the physician (or authorized assistant or practitioner) changed the resident's insulin orders** during the last 7 days or since admission/entry or reentry if less than 7 days

RUG IV

## N0410. Medications Received

**Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days.** Enter "0" if medication was not received by the resident during the last 7 days

| | | |
|---|---|---|
| Enter Days ☐ | A. **Antipsychotic** | CATs |
| Enter Days ☐ | B. **Antianxiety** | CATs |
| Enter Days ☐ | C. **Antidepressant** | CATs |
| Enter Days ☐ | D. **Hypnotic** | CATs |
| Enter Days ☐ | E. **Anticoagulant** (warfarin, heparin, or low-molecular weight heparin) | |
| Enter Days ☐ | F. **Antibiotic** | |
| Enter Days ☐ | G. **Diuretic** | |

# Section O | Special Treatments, Procedures, and Programs

## O0100. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed during the last **14 days**

1. **While NOT a Resident**
   Performed ***while NOT a resident*** of this facility and within the ***last 14 days***. Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank
2. **While a Resident**
   Performed ***while a resident*** of this facility and within the ***last 14 days***

| | 1. While NOT a Resident | 2. While a Resident |
|---|---|---|
| | ↓ Check all that apply ↓ | |
| **Cancer Treatments** | | |
| A. Chemotherapy | RUG III ☐ | RUG III ☐ RUG IV |
| B. Radiation | RUG III ☐ | RUG III ☐ RUG IV |
| **Respiratory Treatments** | | |
| C. Oxygen therapy | RUG III ☐ | RUG III ☐ RUG IV |
| D. Suctioning | RUG III ☐ | RUG III ☐ |
| E. Tracheostomy care | RUG III ☐ | RUG III ☐ RUG IV |
| F. Ventilator or respirator | RUG III ☐ | RUG III ☐ RUG IV |
| G. BiPAP/CPAP | ☐ | ☐ |
| **Other** | | |
| H. IV medications | RUG III ☐ | RUG III ☐ RUG IV |
| I. Transfusions | RUG III ☐ | RUG III ☐ RUG IV |
| J. Dialysis | RUG III ☐ | RUG III ☐ RUG IV |
| K. Hospice care | ☐ | ☐ |
| L. Respite care | | ☐ |
| M. **Isolation or quarantine for active infectious disease** (does not include standard body/fluid precautions) | ☐ | ☐ RUG IV |
| **None of the Above** | | |
| Z. None of the above | ☐ | ☐ |

## O0250. Influenza Vaccine - Refer to current version of RAI manual for current flu season and reporting period

Enter Code ☐

**A.** Did the **resident receive the Influenza vaccine in this facility** for this year's Influenza season?

0. **No** → Skip to O0250C, If Influenza vaccine not received, state reason
1. **Yes** → Continue to O0250B, Date vaccine received

**B. Date vaccine received** → Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date?

☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

Enter Code ☐

**C. If Influenza vaccine not received, state reason:**

1. **Resident not in facility** during this year's flu season
2. **Received outside of this facility**
3. **Not eligible** - medical contraindication
4. **Offered and declined**
5. **Not offered**
6. **Inability to obtain vaccine** due to a declared shortage
9. **None of the above**

## O0300. Pneumococcal Vaccine

Enter Code ☐

**A. Is the resident's Pneumococcal vaccination up to date?**

0. **No** → Continue to O0300B, If Pneumococcal vaccine not received, state reason
1. **Yes** → Skip to O0400, Therapies

Enter Code ☐

**B. If Pneumococcal vaccine not received, state reason:**

1. **Not eligible** - medical contraindication
2. **Offered and declined**
3. **Not offered**

# Section O — Special Treatments, Procedures, and Programs

## O0400. Therapies

### A. Speech-Language Pathology and Audiology Services

Enter Number of Minutes

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days — RUG IV | RUG III

Enter Number of Minutes

2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days — RUG IV | RUG III

Enter Number of Minutes

3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days — RUG IV | RUG III

**If the sum of individual, concurrent, and group minutes is zero,** → skip to O0400A5, Therapy start date

Enter Number of Minutes

**3A. Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** in the last 7 days

Enter Number of Days

4. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days — RUG IV | RUG III

5. **Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started

Month _____ – Day _____ – Year _____ — RUG IV

6. **Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing

Month _____ – Day _____ – Year _____ — RUG IV

### B. Occupational Therapy

Enter Number of Minutes

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days — RUG IV | RUG III

Enter Number of Minutes

2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days — RUG IV | RUG III

Enter Number of Minutes

3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days — RUG IV | RUG III

**If the sum of individual, concurrent, and group minutes is zero,** → skip to O0400B5, Therapy start date

Enter Number of Minutes

**3A. Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** in the last 7 days

Enter Number of Days

4. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days — RUG IV | RUG III

5. **Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started

Month _____ – Day _____ – Year _____ — RUG IV

6. **Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing

Month _____ – Day _____ – Year _____ — RUG IV

O0400 continued on next page

# Section O | Special Treatments, Procedures, and Programs

## O0400. Therapies - Continued

### C. Physical Therapy

Enter Number of Minutes

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days RUG IV RUG III

Enter Number of Minutes

2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days RUG IV RUG III

Enter Number of Minutes

3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days RUG IV RUG III

**If the sum of individual, concurrent, and group minutes is zero,** → skip to O0400C5, Therapy start date

Enter Number of Minutes

**3A. Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** in the last 7 days

Enter Number of Days

4. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days RUG IV RUG III

5. **Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started

Month _____ Day _____ Year _____ RUG IV

6. **Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing

Month _____ Day _____ Year _____ RUG IV

### D. Respiratory Therapy

Enter Number of Minutes

1. **Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days

If zero, → skip to O0400E, Psychological Therapy

Enter Number of Days

2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days RUG IV RUG III

### E. Psychological Therapy (by any licensed mental health professional)

Enter Number of Minutes

1. **Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days

If zero, → skip to O0400F, Recreational Therapy

Enter Number of Days

2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

### F. Recreational Therapy (includes recreational and music therapy)

Enter Number of Minutes

1. **Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days

If zero, → skip to O0420, Distinct Calendar Days of Therapy

Enter Number of Days

2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

## O0420. Distinct Calendar Days of Therapy

Enter Number of Days

**Record the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes in the past 7 days.** RUG IV

## O0450. Resumption of Therapy - Complete only if A0310C = 2 or 3 and A0310F = 99

Enter Code

**A. Has a previous rehabilitation therapy regimen (speech, occupational, and/or physical therapy) ended, as reported on this End of Therapy OMRA, and has this regimen now resumed at exactly the same level for each discipline?**

0. **No** → Skip to O0500, Restorative Nursing Programs
1. **Yes**

**B. Date on which therapy regimen resumed:** RUG IV

Month _____ Day _____ Year _____

# Section O | Special Treatments, Procedures, and Programs

## O0500. Restorative Nursing Programs

Record the **number of days** each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily)

| Number of Days | Technique | |
|---|---|---|
| | A. Range of motion (passive) | RUG III RUG IV |
| | B. Range of motion (active) | RUG III RUG IV |
| | C. Splint or brace assistance | RUG III RUG IV |
| **Number of Days** | **Training and Skill Practice In:** | |
| | D. Bed mobility | RUG III RUG IV |
| | E. Transfer | RUG III RUG IV |
| | F. Walking | RUG III RUG IV |
| | G. Dressing and/or grooming | RUG III RUG IV |
| | H. Eating and/or swallowing | RUG III RUG IV |
| | I. Amputation/prostheses care | RUG III RUG IV |
| | J. Communication | RUG III RUG IV |

## O0600. Physician Examinations

Enter Days

Over the last 14 days, **on how many days did the physician (or authorized assistant or practitioner) examine the resident?** RUG III

## O0700. Physician Orders

Enter Days

Over the last 14 days, **on how many days did the physician (or authorized assistant or practitioner) change the resident's orders?** RUG III

# Section P Restraints

## P0100. Physical Restraints

Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body

Coding:
0. Not used
1. Used less than daily
2. Used daily

↓ Enter Codes in Boxes

| | | |
|---|---|---|
| | **Used in Bed** | |
| ☐ | A. Bed rail | CATs |
| ☐ | B. Trunk restraint | CATs |
| ☐ | C. Limb restraint | CATs |
| ☐ | D. Other | CATs |
| | **Used in Chair or Out of Bed** | |
| ☐ | E. Trunk restraint | CATs |
| ☐ | F. Limb restraint | CATs |
| ☐ | G. Chair prevents rising | CATs |
| ☐ | H. Other | CATs |

# Section Q Participation in Assessment and Goal Setting

## Q0100. Participation in Assessment

Enter Code ☐
**A. Resident participated in assessment**
0. No
1. Yes

Enter Code ☐
**B. Family or significant other participated in assessment**
0. No
1. Yes
9. Resident has no family or significant other

Enter Code ☐
**C. Guardian or legally authorized representative participated in assessment**
0. No
1. Yes
9. Resident has no guardian or legally authorized representative

## Q0300. Resident's Overall Expectation

Complete only if A0310E = 1

Enter Code ☐
**A. Select one for resident's overall goal established during assessment process**
1. Expects to be **discharged to the community**
2. Expects to **remain in this facility**
3. Expects to be **discharged to another facility/institution**
9. **Unknown or uncertain**

Enter Code ☐
**B. Indicate information source for Q0300A**
1. **Resident**
2. If not resident, then **family or significant other**
3. If not resident, family, or significant other, then **guardian or legally authorized representative**
9. **Unknown or uncertain**

## Q0400. Discharge Plan

Enter Code ☐
**A. Is active discharge planning already occurring for the resident to return to the community?**
0. No
1. Yes → Skip to Q0600, Referral

# Section Q Participation in Assessment and Goal Setting

## Q0490. Resident's Preference to Avoid Being Asked Question Q0500B

Complete only if A0310A = 02, 06, or 99

Enter Code ☐

**Does the resident's clinical record document a request that this question be asked only on comprehensive assessments?**

0. **No**
1. **Yes** → Skip to Q0600, Referral
8. **Information not available**

## Q0500. Return to Community

Enter Code ☐

**B. Ask the resident** (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond): **"Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?"**

0. **No**
1. **Yes**
9. **Unknown or uncertain**

## Q0550. Resident's Preference to Avoid Being Asked Question Q0500B Again

Enter Code ☐

**A. Does the resident** (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond) **want to be asked about returning to the community on all assessments?** (Rather than only on comprehensive assessments.)

0. **No** - then document in resident's clinical record and ask again only on the next comprehensive assessment
1. **Yes**
8. **Information not available**

Enter Code ☐

**B. Indicate information source for Q0550A**

1. **Resident**
2. If not resident, then **family or significant other**
3. If not resident, family or significant other, then **guardian or legally authorized representative**
8. **No information source available**

## Q0600. Referral

Enter Code ☐

**Has a referral been made to the Local Contact Agency?** (Document reasons in resident's clinical record)

0. **No** - referral not needed
1. **No** - referral is or may be needed (For more information see Appendix C, Care Area Assessment Resources #20)
2. **Yes** - referral made

CATs

# Section V Care Area Assessment (CAA) Summary

## V0100. Items From the Most Recent Prior OBRA or Scheduled PPS Assessment

Complete only if A0310E = 0 and if the following is true for the **prior assessment**: A0310A = 01-06 or A0310B = 01-06

Enter Code

**A. Prior Assessment Federal OBRA Reason for Assessment** (A0310A value from prior assessment)

01. **Admission** assessment (required by day 14)
02. **Quarterly** review assessment
03. **Annual** assessment
04. **Significant change in status** assessment
05. **Significant correction** to **prior comprehensive** assessment
06. **Significant correction** to **prior quarterly** assessment
99. None of the above

Enter Code

**B. Prior Assessment PPS Reason for Assessment** (A0310B value from prior assessment)

01. **5-day** scheduled assessment
02. **14-day** scheduled assessment
03. **30-day** scheduled assessment
04. **60-day** scheduled assessment
05. **90-day** scheduled assessment
06. **Readmission/return** assessment
07. **Unscheduled assessment used for PPS** (OMRA, significant or clinical change, or significant correction assessment)
99. None of the above

**C. Prior Assessment Reference Date** (A2300 value from prior assessment)

Month – Day – Year

Enter Score

**D. Prior Assessment Brief Interview for Mental Status (BIMS) Summary Score** (C0500 value from prior assessment) CATs

Enter Score

**E. Prior Assessment Resident Mood Interview (PHQ-9©) Total Severity Score** (D0300 value from prior assessment) CATs

Enter Score

**F. Prior Assessment Staff Assessment of Resident Mood (PHQ-9-OV) Total Severity Score** (D0600 value from prior assessment) CATs

# Section V Care Area Assessment (CAA) Summary

## V0200. CAAs and Care Planning

1. Check column A if Care Area is triggered.
2. For each triggered Care Area, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment of the care area. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and CAA(s)). Check column B if the triggered care area is addressed in the care plan.
3. Indicate in the Location and Date of CAA Documentation column where information related to the CAA can be found. CAA documentation should include information on the complicating factors, risks, and any referrals for this resident for this care area.

### A. CAA Results

| Care Area | A. Care Area Triggered | B. Care Planning Decision | Location and Date of CAA documentation |
|---|---|---|---|
| | ↓ Check all that apply ↓ | | |
| 01. Delirium | ☐ | ☐ | |
| 02. Cognitive Loss/Dementia | ☐ | ☐ | |
| 03. Visual Function | ☐ | ☐ | |
| 04. Communication | ☐ | ☐ | |
| 05. ADL Functional/Rehabilitation Potential | ☐ | ☐ | |
| 06. Urinary Incontinence and Indwelling Catheter | ☐ | ☐ | |
| 07. Psychosocial Well-Being | ☐ | ☐ | |
| 08. Mood State | ☐ | ☐ | |
| 09. Behavioral Symptoms | ☐ | ☐ | |
| 10. Activities | ☐ | ☐ | |
| 11. Falls | ☐ | ☐ | |
| 12. Nutritional Status | ☐ | ☐ | |
| 13. Feeding Tube | ☐ | ☐ | |
| 14. Dehydration/Fluid Maintenance | ☐ | ☐ | |
| 15. Dental Care | ☐ | ☐ | |
| 16. Pressure Ulcer | ☐ | ☐ | |
| 17. Psychotropic Drug Use | ☐ | ☐ | |
| 18. Physical Restraints | ☐ | ☐ | |
| 19. Pain | ☐ | ☐ | |
| 20. Return to Community Referral | ☐ | ☐ | |

### B. Signature of RN Coordinator for CAA Process and Date Signed

1. Signature

2. Date ☐☐ – ☐☐ – ☐☐☐☐ (Month – Day – Year)

### C. Signature of Person Completing Care Plan Decision and Date Signed

1. Signature

2. Date ☐☐ – ☐☐ – ☐☐☐☐ (Month – Day – Year)

# Section X Correction Request

## Complete Section X only if A0050 = 2 or 3

**Identification of Record to be Modified/Inactivated** - The following items identify the existing assessment record that is in error. In this section, reproduce the information EXACTLY as it appeared on the existing erroneous record, even if the information is incorrect. This information is necessary to locate the existing record in the National MDS Database.

### X0150. Type of Provider

Enter Code ☐

Type of provider
1. **Nursing home (SNF/NF)**
2. **Swing Bed**

### X0200. Name of Resident on existing record to be modified/inactivated

A. **First name:**

C. **Last name:**

### X0300. Gender on existing record to be modified/inactivated

Enter Code ☐

1. **Male**
2. **Female**

### X0400. Birth Date on existing record to be modified/inactivated

☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

### X0500. Social Security Number on existing record to be modified/inactivated

☐☐☐ – ☐☐ – ☐☐☐☐

### X0600. Type of Assessment on existing record to be modified/inactivated

Enter Code ☐☐

A. **Federal OBRA Reason for Assessment**
01. **Admission** assessment (required by day 14)
02. **Quarterly** review assessment
03. **Annual** assessment
04. **Significant change in status** assessment
05. **Significant correction** to **prior comprehensive** assessment
06. **Significant correction** to **prior quarterly** assessment
99. **None of the above**

Enter Code ☐☐

B. **PPS Assessment**
**PPS Scheduled Assessments for a Medicare Part A Stay**
01. **5-day** scheduled assessment
02. **14-day** scheduled assessment
03. **30-day** scheduled assessment
04. **60-day** scheduled assessment
05. **90-day** scheduled assessment
06. **Readmission/return** assessment
**PPS Unscheduled Assessments for a Medicare Part A Stay**
07. **Unscheduled assessment used for PPS** (OMRA, significant or clinical change, or significant correction assessment)
**Not PPS Assessment**
99. **None of the above**

Enter Code ☐

C. **PPS Other Medicare Required Assessment - OMRA**
0. **No**
1. **Start of therapy** assessment
2. **End of therapy** assessment
3. **Both Start and End of therapy** assessment
4. **Change of therapy** assessment

**X0600 continued on next page**

# Section X Correction Request

## X0600. Type of Assessment - Continued

Enter Code ☐

D. **Is this a Swing Bed clinical change assessment?** Complete only if X0150 = 2
0. **No**
1. **Yes**

Enter Code ☐☐

F. **Entry/discharge reporting**
01. **Entry** tracking record
10. **Discharge** assessment-**return not anticipated**
11. **Discharge** assessment-**return anticipated**
12. **Death in facility** tracking record
99. **None of the above**

## X0700. Date on existing record to be modified/inactivated - Complete one only

A. **Assessment Reference Date** - Complete only if X0600F = 99

☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

B. **Discharge Date** - Complete only if X0600F = 10, 11, or 12

☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

C. **Entry Date** - Complete only if X0600F = 01

☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

## Correction Attestation Section - Complete this section to explain and attest to the modification/inactivation request

## X0800. Correction Number

Enter Number ☐☐

**Enter the number of correction requests to modify/inactivate the existing record, including the present one**

## X0900. Reasons for Modification - Complete only if Type of Record is to modify a record in error (A0050 = 2)

↓ **Check all that apply**

☐ A. **Transcription error**
☐ B. **Data entry error**
☐ C. **Software product error**
☐ D. **Item coding error**
☐ E. **End of Therapy - Resumption (EOT-R) date**
☐ Z. **Other error requiring modification**
If "Other" checked, please specify: _____

## X1050. Reasons for Inactivation - Complete only if Type of Record is to inactivate a record in error (A0050 = 3)

↓ **Check all that apply**

☐ A. **Event did not occur**
☐ Z. **Other error requiring inactivation**
If "Other" checked, please specify: _____

## Section X Correction Request

### X1100. RN Assessment Coordinator Attestation of Completion

A. **Attesting individual's first name:**

B. **Attesting individual's last name:**

C. **Attesting individual's title:**

D. **Signature**

E. **Attestation date**

Month – Day – Year

# Section Z | Assessment Administration

## Z0100. Medicare Part A Billing

Enter Code ☐

A. **Medicare Part A HIPPS code** (RUG group followed by assessment type indicator):

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |

B. **RUG version code:**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

C. **Is this a Medicare Short Stay assessment?**

0. **No**
1. **Yes**

## Z0150. Medicare Part A Non-Therapy Billing

A. **Medicare Part A non-therapy HIPPS code** (RUG group followed by assessment type indicator):

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |

B. **RUG version code:**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

## Z0200. State Medicaid Billing (if required by the state)

A. **RUG Case Mix group:**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

B. **RUG version code:**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

## Z0250. Alternate State Medicaid Billing (if required by the state)

A. **RUG Case Mix group:**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

B. **RUG version code:**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

## Z0300. Insurance Billing

A. **RUG billing code:**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

B. **RUG billing version:**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

# Section Z Assessment Administration

## Z0400. Signature of Persons Completing the Assessment or Entry/Death Reporting

I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.

| | Signature | Title | Sections | Date Section Completed |
|---|---|---|---|---|
| A. | | | | |
| B. | | | | |
| C. | | | | |
| D. | | | | |
| E. | | | | |
| F. | | | | |
| G. | | | | |
| H. | | | | |
| I. | | | | |
| J. | | | | |
| K. | | | | |
| L. | | | | |

## Z0500. Signature of RN Assessment Coordinator Verifying Assessment Completion

**A. Signature:**

**B. Date RN Assessment Coordinator signed assessment as complete:**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | – | | | – | | | | |
| Month | | | Day | | | Year | | | |

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# APPENDIX G

## Department of Health and Human Services, Nursing Facilities Comparison of Funding & Costs

Nursing Facilities
Comparison of MaineCare Funding & Costs
Based on Provider's 2011 "As Filed" Cost Reports
for the Fiscal Years Ending in 2011

| (1) | (2) | | | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) | (21) | (22) | (23) | (24) | (25) | (26) | (27) | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # of Beds | Facility | County | Town | Fiscal Year Begin | Fiscal Year Ending In 2011 | State Days | Total Resident Days | Sch A Direct Care Rate | Sch G Direct Care Costs | Sch G Direct Care Cost per Day (col 7 / col 5) | Direct Care MaineCare Funding (col 4 x col 6) | Pre-Cap Allowable Direct Care Cost (col 4 x col 8) | Variance between DC Funding & Pre-Cap Cost (col 9 - col 10) | a) % of Pre-Cap Direct Care Costs Funded (col 9 / col 10) | Sch A Routine Rate | Sch G Routine Costs | Sch G Routine Cost per Day (col 14 / col 5) | Routine MaineCare Funding (col 4 x col 13) | Pre-Cap Allowable Routine Cost (col 4 x col 15) | Variance between Routine Funding & Pre-Cap Cost (col 16 - col 17) | b) % of Pre-Cap Routine Costs Funded (col 16 / col 17) | Total days net of DWP | Sch A Fixed costs rate | Schedule G Fixed costs | Schedule G Fixed costs per day | Fixed Costs MaineCare Reimburse ment | Per-Cap Fixed Allowable Fixed costs | Variance between FC funding & Pre-Cap costs | Total Net Variance DC & Routine (col 11 + col 19) | Total MaineCare Reimbursement | Total Pre-Cap Allowable Costs | Variance between total funding & total Pre-Cap costs |
| 67 | Amoinity Manor (Closed-See Horizons) | Sagadahoc | Topsham | 01/01/11 | 06/15/11 | 6,579 | 9,007 | 88.05 | 838,168 | 93.06 | 588,153 | 621,548 | (33,395) | 94.63% | 58.21 | 561,771 | 64.89 | 388,785 | 431,397 | (42,612) | 90.12% | 9,007 | 27.91 | 251,387 | 27.91 | 186,411 | 186,411 | - | (76,007) | 1,163,349 | 1,239,356 | (76,007) |
| 72 | Aroostook Medical Center The - Health Cent | Aroostook | Mars Hill | 09/26/10 | 09/24/11 | 17,750 | 21,538 | 91.26 | 2,311,075 | 107.30 | 1,620,220 | 1,904,575 | (284,355) | 85.07% | 55.66 | 1,356,681 | 63.46 | 991,515 | 1,126,415 | (134,900) | 88.02% | 21,538 | 15.49 | 346,321 | 16.08 | 274,948 | 285,420 | (10,472) | (429,727) | 2,886,683 | 3,316,410 | (429,727) |
| 52 | Atlantic Rehab - Barnard | Washington | Calais | 01/01/11 | 12/31/11 | 13,787 | 17,013 | 82.32 | 1,643,111 | 86.58 | 1,134,946 | 1,331,548 | (196,602) | 85.24% | 55.66 | 1,486,450 | 59.78 | 777,571 | 832,138 | (54,567) | 93.44% | 24,859 | 25.71 | 639,153 | 25.71 | 357,883 | 357,883 | - | (304,892) | 2,196,407 | 2,501,099 | (304,692) |
| 72 | Augusta Rehab. Center ( Augusta CC) | Kennebec | Augusta | 01/01/11 | 12/31/11 | 13,920 | 24,900 | 80.19 | 2,125,077 | 85.34 | 1,116,245 | 1,167,933 | (262,048) | 76.57% | 58.21 | 1,609,692 | 82.97 | 568,037 | 836,163 | (250,126) | 70.16% | 19,400 | 31.66 | 614,161 | 31.66 | 319,829 | 319,829 | - | (832,174) | 1,829,471 | 2,361,645 | (532,174) |
| 60 | Banger Nursing Facility | Penobscot | Banger | 07/01/10 | 06/30/11 | 10,102 | 19,400 | 91.23 | 2,311,596 | 119.15 | 921,605 | 1,203,653 | (282,048) | 76.57% | 55.66 | 5,029,589 | 66.27 | 3,272,558 | 3,882,428 | (609,870) | 84.29% | 75,522 | 36.85 | 2,782,973 | 36.85 | 2,158,857 | 2,158,857 | - | (2,095,000) | 11,034,484 | 13,129,484 | (2,095,000) |
| 219 | Barron Center | Cumberland | Portland | 07/01/10 | 06/30/11 | 58,585 | 75,900 | 95.54 | 9,183,096 | 120.99 | 5,603,099 | 7,088,199 | (1,485,100) | 79.05% | 55.66 | 5,029,589 | 66.27 | 3,272,558 | 3,882,428 | (609,870) | 84.29% | 75,522 | 36.85 | 2,782,973 | 36.85 | 2,158,857 | 2,158,857 | - | (280,891) | 2,325,088 | 2,605,979 | (280,891) |
| 75 | Cedar Ridge Nursing Care Center | Somerset | Skowhegan | 01/01/11 | 12/31/11 | 17,210 | 25,920 | 90.50 | 2,557,720 | 98.68 | 1,557,505 | 1,598,283 | (140,778) | 91.71% | 53.14 | 1,861,095 | 71.5 | 914,539 | 1,235,878 | (321,139) | 74.01% | 33,955 | 46.08 | 1,564,541 | 46.08 | 879,910 | 879,910 | - | (727,423) | 3,019,757 | 3,747,180 | (727,423) |
| 102 | Cedars Nursing Care Center | Androscoggin | Auburn | 04/30/11 | 04/30/11 | 14,755 | 33,955 | 104.19 | 4,240,115 | 124.87 | 1,537,323 | 1,842,457 | (305,134) | 83.44% | 54.39 | 2,818,515 | 83.01 | 802,524 | 1,224,813 | (422,289) | 65.52% | 37,908 | 25.08 | 950,784 | 25.08 | 650,851 | 650,851 | - | 0 | 4,442,811 | 4,442,811 | 0 |
| 109 | Clover Manor, Inc. | Cumberland | Portland | 07/01/10 | 06/30/11 | 25,951 | 37,919 | 91.44 | 3,570,907 | 94.17 | 2,372,959 | 2,443,806 | (70,847) | 97.10% | 54.68 | 1,969,983 | 51.95 | 1,419,001 | 1,348,154 | 70,847 | 105.26% | 13,983 | 25.32 | 354,017 | 25.32 | 233,121 | 233,121 | - | (32,594) | 1,592,534 | 1,625,128 | (32,594) |
| 39 | Consial Manor | Androscoggin | Auburn | 01/01/11 | 12/31/11 | 9,207 | 13,963 | 89.44 | 1,267,572 | 90.65 | 823,474 | 834,615 | (11,141) | 98.67% | 58.21 | 846,579 | 60.54 | 535,339 | 557,362 | (22,023) | 96.05% | 11,320 | 28.17 | 333,779 | 29.49 | 219,728 | 230,022 | (10,296) | (226,122) | 1,292,304 | 1,518,426 | (226,122) |
| 40 | Collier's Health Care Center | Cumberland | Yarmouth | 01/01/11 | 12/31/11 | 7,800 | 11,448 | 79.30 | 1,072,210 | 93.66 | 618,540 | 730,548 | (112,008) | 84.67% | 58.21 | 818,735 | 71.52 | 454,038 | 557,856 | (103,818) | 81.39% | 16,550 | 23.96 | 444,950 | 23.99 | 352,787 | 353,229 | (442) | (26,788) | 2,348,183 | 2,374,961 | (26,788) |
| 60 | Colonial Health Care | Hancock | Ellsworth | 01/01/11 | 12/31/11 | 14,724 | 18,577 | 78.09 | 1,590,103 | 85.60 | 1,149,797 | 1,260,374 | (110,577) | 91.23% | 57.43 | 960,633 | 51.71 | 845,599 | 781,378 | 64,221 | 111.06% | 9,910 | 18.27 | 181,099 | 18.27 | 153,194 | 153,194 | - | (59,953) | 1,239,806 | 1,299,759 | (59,953) |
| 30 | Country Manor Nursing Home | Penobscot | Lincoln | 01/01/11 | 12/31/11 | 14,724 | 18,577 | 92.52 | 1,977,817 | 108.81 | 981,082 | 1,153,821 | (172,739) | 85.03% | 55.73 | 559,047 | 56.41 | 467,288 | 472,898 | (5,702) | 98.79% | 18,176 | 27.68 | 503,041 | 27.68 | 293,519 | 293,519 | - | (111,680) | 1,876,393 | 1,990,053 | (111,680) |
| 54 | Courtland Living Center | Waldo | Coopers Mills | 01/01/11 | 12/31/11 | 8,385 | 9,910 | 73.86 | 786,109 | 80.33 | 619,316 | 673,567 | (54,251) | 91.95% | 56.94 | 930,324 | 51.16 | 603,782 | 542,713 | 61,079 | 111.25% | 26,707 | 31.60 | 844,034 | 31.6 | 493,655 | 493,655 | - | (820,467) | 3,081,263 | 3,901,730 | (820,467) |
| 76 | Cove's Edge | Hancock | Ellsworth | 01/01/11 | 12/31/11 | 10,604 | 18,177 | 92.52 | 1,977,817 | 108.81 | 981,082 | 1,153,821 | (172,739) | 85.03% | 55.86 | 2,248,589 | 84.19 | 872,645 | 1,315,216 | (442,571) | 66.35% | 11,440 | 22.50 | 257,382 | 22.5 | 216,990 | 216,990 | - | (53,814) | 1,565,221 | 1,619,035 | (53,814) |
| 34 | Cummings Health Care Facility | Lincoln | Damariscotta | 10/01/10 | 09/30/11 | 15,622 | 26,707 | 109.78 | 3,577,825 | 133.97 | 1,714,983 | 2,092,879 | (377,896) | 81.94% | 58.21 | 676,650 | 59.15 | 561,377 | 570,443 | (9,066) | 98.41% | 16,092 | 25.29 | 411,534 | 25.57 | 321,132 | 324,688 | (3,556) | (160,630) | 2,096,821 | 2,257,451 | (160,630) |
| 53 | Dexter Nursing Home | Penobscot | Howland | 01/01/11 | 12/31/11 | 9,644 | 11,440 | 81.59 | 986,440 | 86.23 | 786,854 | 831,602 | (44,748) | 94.62% | 58.21 | 1,082,108 | 67.25 | 739,151 | 853,941 | (114,790) | 86.56% | 27,335 | 54.42 | 1,487,550 | 54.42 | 889,930 | 889,930 | - | (456,412) | 3,329,307 | 3,785,719 | (456,412) |
| 81 | Dirgin Pines was Harbor Home | Penobscot | Dexter | 01/01/11 | 12/31/11 | 16,353 | 27,346 | 86.51 | 2,910,316 | 106.43 | 1,578,228 | 1,740,460 | (162,222) | 90.68% | 55.22 | 1,221,816 | 55.22 | 876,286 | 876,286 | 0 | 100.00% | 21,524 | 22.60 | 492,882 | 22.89 | 358,639 | 363,241 | (4,602) | (4,602) | 2,502,223 | 2,506,825 | (4,602) |
| 69 | Eastside Rehab & LC ( Banger CC) | York | York | 01/01/11 | 12/31/11 | 15,869 | 22,122 | 79.86 | 1,766,680 | 79.86 | 1,267,298 | 1,267,298 | - | 100.00% | 58.50 | 580,473 | 52.35 | 460,103 | 411,733 | 48,370 | 111.75% | 11,082 | 25.59 | 283,640 | 25.59 | 201,265 | 201,265 | - | (25,168) | 1,358,555 | 1,381,723 | (25,168) |
| 33 | Edgewood Manor | Penobscot | Banger | 01/01/11 | 12/31/11 | 15,869 | 22,122 | 88.39 | 1,063,742 | 97.74 | 999,187 | 768,725 | (73,538) | 93.59% | 58.21 | 967,433 | 70.78 | 547,640 | 665,898 | (118,258) | 82.24% | 13,637 | 28.04 | 382,351 | 28.04 | 263,800 | 263,800 | - | (179,504) | 1,705,859 | 1,885,363 | (179,504) |
| 42 | Evergreen Manor | Franklin | Farmington | 01/01/11 | 12/31/11 | 7,865 | 11,088 | 85.07 | 1,388,553 | 101.58 | 894,419 | 955,655 | (61,246) | 84.05% | 55.86 | 1,422,587 | 62.09 | 619,543 | 688,640 | (69,097) | 89.97% | 22,912 | 35.52 | 813,735 | 35.52 | 393,952 | 393,952 | - | (272,063) | 2,082,889 | 2,354,952 | (272,063) |
| 65 | Falmouth By The Sea | York | Saco | 01/01/11 | 12/31/11 | 11,091 | 22,912 | 96.42 | 2,628,449 | 114.72 | 1,069,394 | 1,272,380 | (202,986) | 84.05% | 52.16 | 1,143,864 | 71.31 | 1,037,352 | 900,360 | 136,992 | 115.22% | 15,597 | 29.84 | 465,388 | 29.84 | 376,760 | 376,760 | - | 0 | 2,691,182 | 2,691,182 | 0 |
| 45 | Forest Hill Manor | Cumberland | Falmouth | 01/01/11 | 12/31/11 | 16,251 | 18,937 | 99.30 | 1,880,362 | 99.30 | 1,613,724 | 1,613,724 | 0 | 100.00% | 55.86 | 1,206,952 | 63.74 | 907,781 | 1,035,839 | (128,058) | 87.64% | 18,937 | 24.31 | 471,981 | 24.92 | 395,062 | 404,975 | (9,913) | (137,971) | 2,916,587 | 3,054,558 | (137,971) |
| 61 | Freeport Nursing Home | Cumberland | Freeport | 01/01/11 | 12/31/11 | 16,251 | 18,937 | 99.30 | 1,880,362 | 99.30 | 1,613,724 | 1,613,724 | 0 | 100.00% | 58.21 | 638,800 | 62.46 | 505,496 | 542,403 | (36,907) | 93.20% | 10,227 | 20.90 | 213,744 | 20.9 | 181,466 | 181,466 | - | (102,558) | 1,437,984 | 1,540,542 | (102,558) |
| 30 | Fryeburg Health Care Center | Oxford | Fryeburg | 01/01/11 | 12/31/11 | 8,684 | 10,227 | 86.48 | 961,799 | 94.04 | 750,992 | 816,843 | (65,851) | 91.95% | 48.87 | 783,138 | 52.84 | 538,010 | 581,716 | (43,706) | 92.49% | 14,820 | 22.35 | 331,202 | 22.35 | 246,051 | 246,051 | - | (43,706) | 1,575,278 | 1,618,984 | (43,706) |
| 45 | Gardiner Health Care Facility | Aroostook | Houlton | 01/01/11 | 12/31/11 | 11,009 | 14,820 | 71.87 | 1,065,648 | 71.87 | 791,217 | 791,217 | 0 | 100.00% | 58.51 | 1,055,780 | 60.48 | 492,011 | 508,576 | (16,565) | 96.74% | 17,640 | 36.78 | 648,660 | 36.78 | 309,283 | 309,283 | - | (204,254) | 1,600,065 | 1,804,319 | (204,254) |
| 52 | Gorham House | Cumberland | Gorham | 01/01/11 | 12/31/11 | 8,409 | 17,640 | 94.89 | 2,089,277 | 117.31 | 786,771 | 986,460 | (187,689) | 80.97% | 55.86 | 1,593,508 | 53.83 | 1,342,204 | 1,293,427 | 48,777 | 103.77% | 29,800 | 35.36 | 1,046,801 | 35.36 | 849,530 | 849,530 | - | (66,077) | 4,416,827 | 4,482,904 | (66,077) |
| 86 | Greenwood Center | York | Sanford | 07/01/10 | 06/30/11 | 24,028 | 29,600 | 92.60 | 2,882,577 | 97.38 | 2,224,993 | 2,339,847 | (114,854) | 95.09% | 58.50 | 1,123,544 | 51.21 | 336,083 | 466,551 | (130,468) | 72.04% | 13,826 | 45.78 | 632,985 | 45.78 | 263,006 | 263,006 | - | (389,452) | 1,122,229 | 1,511,681 | (389,452) |
| 40 | Harbor Hill | Waldo | Belfast | 01/01/11 | 12/31/11 | 5,745 | 13,840 | 91.06 | 1,884,189 | 136.14 | 523,140 | 782,124 | (258,984) | 66.89% | 58.50 | 1,123,544 | 51.21 | 336,083 | 466,551 | (130,468) | 72.04% | 13,826 | 45.78 | 632,985 | 45.78 | 263,006 | 263,006 | - | (389,452) | 1,122,229 | 1,511,681 | (389,452) |
| 63 | Hawthorne House | Cumberland | Freeport | 01/01/11 | 12/31/11 | 14,583 | 20,961 | 101.74 | 2,387,221 | 113.89 | 1,463,674 | 1,660,858 | (177,184) | 88.33% | 53.44 | 1,033,306 | 48.3 | 779,316 | 718,942 | 60,374 | 108.40% | 20,961 | 28.69 | 601,297 | 28.69 | 418,386 | 418,386 | - | (99,254) | 996,320 | 1,095,574 | (99,254) |
| 28 | Heritage Manor | Kennebec | Winthrop | 01/01/11 | 12/31/11 | 5,724 | 9,432 | 89.41 | 997,152 | 105.72 | 511,783 | 605,141 | (93,358) | 84.57% | 58.50 | 561,455 | 59.53 | 334,854 | 340,750 | (5,896) | 98.27% | 9,432 | 26.15 | 246,674 | 26.15 | 149,683 | 149,683 | - | (503,684) | 3,366,106 | 3,869,790 | (503,684) |
| 97 | Hibbard Nursing Home | Piscataquis | Dover-Foxcrof | 10/01/10 | 09/30/11 | 20,212 | 30,754 | 88.03 | 3,251,202 | 105.72 | 1,779,262 | 2,136,613 | (357,551) | 83.27% | 55.86 | 1,929,072 | 62.73 | 1,128,042 | 1,267,899 | (138,857) | 89.05% | 30,754 | 22.65 | 707,599 | 23.01 | 457,802 | 465,078 | (7,276) | (199,451) | 2,242,859 | 2,442,310 | (199,451) |
| 51 | High View Manor | Aroostook | Madawaske | 01/01/11 | 12/31/11 | 13,395 | 16,989 | 81.02 | 1,695,133 | 99.78 | 1,085,263 | 1,338,553 | (251,290) | 81.20% | 58.21 | 923,211 | 54.34 | 778,723 | 727,884 | 51,839 | 107.12% | 18,789 | 28.21 | 473,106 | 28.21 | 377,873 | 377,873 | - | (102,240) | 1,676,186 | 1,778,426 | (102,240) |
| 65 | Horizons Living & Rehab Ctr (See Amenity) | Cumberland | Brunswick | 08/15/11 | 12/31/11 | 8,829 | 12,624 | 86.64 | 1,164,357 | 92.23 | 764,945 | 814,299 | (49,354) | 93.94% | 50.86 | 717,651 | 59.85 | 449,043 | 501,929 | (52,886) | 89.46% | 12,624 | 52.35 | 660,813 | 52.35 | 462,198 | 462,198 | - | (48,402) | 77,710 | 126,112 | (48,402) |
| 28 | Houlton Regional Hospital | Aroostook | Houlton | 10/01/10 | 09/30/11 | 309 | 7,774 | 112.44 | 1,808,748 | 232.87 | 34,744 | 71,895 | (37,151) | 48.33% | 103.34 | 1,077,496 | 138.8 | 31,932 | 42,827 | (10,895) | 74.56% | 7,774 | 35.71 | 286,511 | 36.86 | 11,034 | 11,350 | (356) | (48,402) | 77,710 | 126,112 | (48,402) |
| 38 | Island Nursing Home | Hancock | Deer Isle | 07/01/10 | 06/30/11 | 9,954 | 13,675 | 84.35 | 1,324,350 | 96.84 | 839,620 | 983,945 | (124,325) | 87.10% | 58.21 | 845,316 | 61.81 | 579,422 | 615,257 | (35,835) | 94.18% | 13,675 | 24.21 | 331,099 | 24.21 | 240,986 | 240,986 | - | (160,180) | 1,660,026 | 1,820,186 | (160,180) |
| 36 | Jackman Region Health Center | Somerset | Millinocket | 07/01/10 | 06/30/11 | 3,591 | 4,832 | 139.58 | 895,385 | 185.30 | 501,232 | 665,412 | (164,180) | 75.33% | 103.34 | 456,198 | 94.41 | 371,094 | 339,026 | 32,068 | 109.46% | 4,375 | 26.92 | 128,633 | 29.4 | 96,670 | 105,575 | (8,905) | (141,017) | 1,911,713 | 1,896,000 | (84,287) |
| 39 | Kaleidoscope Nursing Home | Penobscot | Millinocket | 01/01/11 | 12/31/11 | 11,149 | 12,968 | 79.46 | 1,030,482 | 79.46 | 885,900 | 885,900 | 0 | 100.00% | 59.21 | 852,847 | 65.77 | 648,983 | 733,270 | (84,287) | 88.51% | 12,968 | 24.83 | 321,931 | 24.83 | 276,830 | 276,830 | - | (364,073) | 2,186,924 | 2,552,997 | (364,073) |
| 78 | Kennebunk Nursing Home | Oxford | Kennebunk | 01/01/11 | 12/31/11 | 12,833 | 24,311 | 87.58 | 2,427,355 | 99.85 | 1,123,914 | 1,281,375 | (157,461) | 87.71% | 55.86 | 1,732,784 | 71.28 | 716,851 | 914,736 | (197,885) | 78.37% | 23,670 | 27.13 | 659,371 | 27.81 | 348,159 | 356,886 | (8,727) | (730,118) | 3,419,721 | 4,149,840 | (730,119) |
| 84 | Knox Center for Long Term Care | Knox | Rockland | 03/31/11 | 12/31/11 | 16,470 | 29,066 | 98.79 | 3,474,552 | 119.54 | 1,824,651 | 2,207,904 | (383,253) | 82.64% | 54.41 | 2,127,207 | 73.19 | 1,004,953 | 1,351,619 | (346,666) | 74.34% | 29,054 | 31.95 | 928,136 | 31.95 | 590,117 | 590,117 | - | (722,485) | 4,584,990 | 5,307,475 | (722,485) |
| 105 | Lakewood Manor Nursing Home | Kennebec | Waterville | 09/26/10 | 09/24/11 | 23,306 | 36,551 | 98.43 | 4,217,604 | 115.39 | 2,294,010 | 2,689,178 | (395,269) | 85.30% | 52.06 | 1,315,923 | 52.06 | 1,036,046 | 1,036,046 | 0 | 100.00% | 25,212 | 10.43 | 273,738 | 10.85 | 207,587 | 216,125 | (8,558) | (8,558) | 3,000,871 | 3,009,429 | (8,558) |
| 81 | Ledgeview Living Center | Oxford | West Paris | 07/01/10 | 06/30/11 | 19,901 | 25,277 | 88.30 | 2,231,995 | 88.30 | 1,757,258 | 1,757,258 | 0 | 100.00% | 52.06 | 1,315,923 | 52.06 | 1,036,046 | 1,036,046 | 0 | 100.00% | 21,110 | 15.12 | 319,177 | 15.12 | 255,997 | 255,997 | - | (1) | 2,573,681 | 2,573,682 | (1) |
| 60 | Ledgewood Manor | Cumberland | North Windha | 01/01/11 | 12/31/11 | 16,931 | 21,110 | 83.69 | 1,867,014 | 88.44 | 1,416,955 | 1,497,378 | (80,423) | 94.63% | 53.20 | 1,202,705 | 48.45 | 900,729 | 820,307 | 80,422 | 109.80% | 29,409 | 17.71 | 520,749 | 17.71 | 332,842 | 332,842 | - | (211,402) | 2,747,683 | 2,959,115 | (211,432) |
| 86 | Madigan Estates | Aroostook | Houlton | 01/01/11 | 12/31/11 | 18,794 | 29,409 | 72.93 | 2,469,190 | 83.96 | 1,370,646 | 1,577,944 | (207,298) | 86.86% | 55.56 | 1,640,538 | 55.78 | 1,044,195 | 1,048,329 | (4,134) | 99.61% | 29,409 | 17.71 | 520,749 | 17.71 | 332,842 | 332,842 | - | (233,727) | 5,684,313 | 5,918,040 | (233,727) |
| 125 | Maine General - Glenridge | Kennebec | Augusta | 07/01/10 | 06/30/11 | 16,442 | 25,736 | 108.67 | 3,058,991 | 118.86 | 1,786,752 | 1,954,296 | (167,544) | 91.43% | 55.86 | 1,568,090 | 60.93 | 918,450 | 1,001,811 | (83,361) | 91.68% | 41,380 | 26.94 | 1,114,121 | 26.94 | 662,751 | 662,751 | - | (250,905) | 3,090,109 | 3,341,014 | (250,905) |
| 77 | Maine General - Graybirch | Kennebec | Augusta | 07/01/10 | 06/30/11 | 24,801 | 41,363 | 102.52 | 4,731,144 | 114.38 | 2,522,095 | 2,813,862 | (291,767) | 89.63% | 55.86 | 2,566,055 | 64.46 | 1,374,212 | 1,585,780 | (211,568) | 86.66% | 42,219 | 35.72 | 1,508,245 | 35.72 | 881,998 | 881,998 | - | (503,335) | 4,559,058 | 5,062,393 | (503,335) |
| 120 | Maine Veterans Home - Augusta | Kennebec | Augusta | 07/01/10 | 06/30/11 | 24,801 | 41,363 | 106.65 | 5,134,072 | 121.51 | 2,633,402 | 3,000,325 | (366,923) | 87.77% | 55.86 | 2,876,865 | 70.45 | 1,379,295 | 1,739,561 | (360,266) | 79.29% | 42,219 | 35.72 | 1,508,245 | 35.72 | 881,998 | 881,998 | - | (727,179) | 4,884,685 | 5,621,874 | (727,179) |
| 120 | Maine Vet. Home - Bangor | Penobscot | Banger | 07/01/10 | 06/30/11 | 24,692 | 42,253 | 106.65 | 5,134,072 | 121.51 | 2,633,402 | 3,000,325 | (366,923) | 87.77% | 55.86 | 2,876,865 | 70.45 | 1,379,295 | 1,739,561 | (360,266) | 79.29% | 42,219 | 35.72 | 1,508,245 | 35.72 | 881,998 | 881,998 | - | (469,617) | 1,700,801 | 2,170,418 | (469,617) |
| 40 | Maine Veterans Home-Caribou | Aroostook | Caribou | 07/01/10 | 06/30/11 | 9,735 | 12,405 | 86.03 | 1,395,398 | 112.49 | 837,502 | 1,095,090 | (257,588) | 76.48% | 58.21 | 992,194 | 79.98 | 566,874 | 778,605 | (211,931) | 72.78% | 12,405 | 30.47 | 378,139 | 30.48 | 286,825 | 295,723 | (98) | (1,175,141) | 5,125,021 | 6,300,162 | (1,175,141) |
| 120 | Maine Veterans Home-Scar. | Cumberland | Scarborough | 07/01/10 | 06/30/11 | 25,859 | 42,330 | 109.08 | 5,981,080 | 141.30 | 2,819,201 | 3,652,605 | (833,404) | 77.18% | 55.86 | 2,923,947 | 69.08 | 1,443,981 | 1,785,718 | (341,737) | 80.86% | 42,326 | 33.34 | 1,411,321 | 33.34 | 861,839 | 861,839 | - | (772,226) | 2,786,584 | 3,558,810 | (772,226) |
| 62 | Maine Vet. Home - So. Paris | Oxford | So. Paris | 07/01/10 | 06/30/11 | 13,918 | 21,777 | 105.61 | 2,910,237 | 133.64 | 1,469,988 | 1,860,135 | (390,149) | 79.03% | 55.86 | 1,814,160 | 83.31 | 777,515 | 1,159,592 | (382,077) | 67.05% | 21,777 | 38.73 | 843,348 | 38.73 | 539,083 | 539,083 | - | (35,980) | 2,366,006 | 2,423,986 | (35,980) |
| 58 | Maplecrest Living Center | Somerset | Madison | 01/01/11 | 12/31/11 | 14,450 | 19,418 | 83.33 | 1,800,321 | 92.71 | 1,204,119 | 1,339,660 | (135,541) | 89.88% | 57.53 | 983,304 | 50.64 | 831,309 | 731,748 | 99,561 | 113.61% | 22,987 | 26.06 | 623,583 | 27.13 | 359,576 | 374,340 | (14,764) | (729,915) | 2,562,978 | 3,292,893 | (729,915) |
| 76 | Market Square Health Center | Washington | Machias | 10/01/10 | 09/30/11 | 13,798 | 22,987 | 103.83 | 3,229,183 | 140.48 | 1,432,646 | 1,938,343 | (505,697) | 73.91% | 55.86 | 1,632,952 | 71.04 | 770,755 | 980,210 | (209,454) | 78.63% | 12,563 | 24.49 | 307,713 | 24.49 | 266,108 | 266,108 | - | 0 | 1,736,125 | 1,736,125 | 0 |
| 50 | Marshall's Health Care Facility | Androscoggin | Lewiston | 01/01/11 | 12/31/11 | 19,770 | 35,290 | 104.45 | 3,686,071 | 104.45 | 2,064,977 | 2,064,977 | 0 | 100.00% | 52.76 | 651,237 | 51.82 | 573,290 | 563,076 | 10,214 | 101.81% | 12,563 | 24.49 | 307,713 | 24.49 | 266,108 | 266,108 | - | (229,925) | 4,028,534 | 4,258,459 | (229,926) |
| 108 | Marshwood Nursing Care Center | Aroostook | Eagle Lake | 07/01/10 | 06/30/11 | 10,745 | 12,550 | 81.45 | 1,111,516 | 88.29 | 975,180 | 948,676 | (73,496) | 92.25% | 58.21 | 919,422 | 73.03 | 625,466 | 784,707 | (159,241) | 79.71% | 35,269 | 43.18 | 1,531,994 | 43.44 | 853,669 | 858,809 | (5,140) | (232,737) | 1,758,419 | 1,991,156 | (232,737) |
| 40 | Mercy Home | Cumberland | Brunswick | 10/01/10 | 09/30/11 | 2,658 | 13,128 | 90.76 | 2,107,883 | 160.56 | 259,392 | 458,880 | (199,488) | 56.53% | 58.21 | 1,006,127 | 76.87 | 166,364 | 219,694 | (53,330) | 75.73% | 13,128 | 42.73 | 560,998 | 42.73 | 122,122 | 122,122 | - | (252,816) | 547,578 | 800,394 | (252,816) |
| 42 | Mid Coast Geriatric Services - was Bodwell | Androscoggin | Lewiston | 01/01/11 | 12/31/11 | 10,934 | 14,990 | 87.26 | 1,507,030 | 100.54 | 954,101 | 1,099,304 | (145,203) | 86.79% | 58.21 | 921,685 | 61.49 | 636,465 | 672,332 | (35,864) | 94.67% | 14,990 | 28.66 | 429,580 | 28.66 | 313,368 | 313,368 | - | (181,087) | 1,903,937 | 2,085,024 | (181,087) |
| 57 | Montello Manor | Penobscot | Patten | 01/01/11 | 12/31/11 | 6,650 | 8,742 | 70.31 | 629,283 | 71.98 | 470,374 | 481,546 | (11,172) | 97.68% | 58.21 | 564,746 | 64.6 | 389,425 | 432,174 | (42,749) | 90.11% | 8,742 | 24.37 | 213,024 | 24.37 | 163,035 | 163,035 | - | (53,921) | 1,022,834 | 1,076,755 | (53,921) |
| 25 | Mountain Heights Health Care Facility | Androscoggin | Lewiston | 01/01/11 | 12/31/11 | 19,770 | 35,290 | 104.45 | 3,686,071 | 104.45 | 2,064,977 | 2,064,977 | 0 | 100.00% | 52.76 | 651,237 | 51.82 | 573,290 | 563,076 | 10,214 | 101.81% | 12,563 | 24.49 | 307,713 | 24.49 | 266,108 | 266,108 | - | (229,925) | 4,028,534 | 4,258,459 | (229,926) |
| 83 | Mt. St. Joseph Nursing Home | Kennebec | Waterville | 01/01/11 | 12/31/11 | 25,200 | 32,711 | 91.22 | 3,546,739 | 108.43 | 2,298,744 | 2,732,436 | (433,692) | 84.13% | 58.21 | 657,159 | 56.38 | 495,658 | 480,076 | 15,582 | 103.25% | 11,855 | 31.99 | 372,829 | 31.99 | 272,395 | 272,395 | - | (461,664) | 1,464,580 | 1,572,210 | (107,630) |
| 35 | Narraguagus Bay Health Care Facility | Washington | Milbridge | 01/01/11 | 12/31/11 | 8,515 | 11,655 | 81.60 | 1,122,076 | 96.27 | 696,527 | 819,739 | (123,212) | 84.97% | 55.33 | 1,083,313 | 43.64 | 941,163 | 742,316 | 198,847 | 126.79% | 24,784 | 21.87 | 541,937 | 21.87 | 372,009 | 372,009 | - | (107,630) | 2,907,860 | 3,059,078 | (151,218) |
| 74 | Newton Center - Hillcrest Manor | York | Sanford | 06/01/10 | 05/31/11 | 17,010 | 24,822 | 93.75 | 2,837,941 | 114.33 | 1,594,588 | 1,944,753 | (350,065) | 82.00% | 58.21 | 923,059 | 66.74 | 470,046 | 538,926 | (68,880) | 87.22% | 13,830 | 25.69 | 355,225 | 25.69 | 207,447 | 207,447 | - | (151,218) | 1,351,756 | 1,558,314 | (206,558) |
| 42 | Norway Convalescent Center | Knox | Norway | 01/01/11 | 12/31/11 | 8,075 | 13,830 | 83.50 | 1,260,636 | 100.56 | 674,263 | 811,941 | (137,678) | 83.04% | 58.21 | 923,059 | 66.74 | 470,046 | 538,926 | (68,880) | 87.22% | 13,830 | 25.69 | 355,225 | 25.69 | 207,447 | 207,447 | - | (271,271) | 3,303,625 | 3,574,896 | (271,271) |
| 90 | Oak Grove Nursing Care Ctr. | Kennebec | Waterville | 01/01/11 | 12/31/11 | 17,524 | 31,886 | 90.63 | 3,023,081 | 94.81 | 1,588,200 | 1,661,450 | (73,250) | 95.59% | 56.16 | 2,151,037 | 67.46 | 984,148 | 1,182,169 | (198,021) | 83.25% | 31,870 | 41.73 | 1,329,903 | 41.73 | 731,277 | 731,277 | - | (484) | 1,355,977 | 1,356,461 | (484) |
| 31 | Oceanview Nursing Home | Washington | Lubec | 01/01/11 | 12/31/11 | 8,092 | 9,561 | 89.74 | 858,536 | 90.84 | 726,176 | 735,077 | (8,901) | 98.79% | 57.93 | 543,343 | 56.83 | 468,770 | 459,868 | 8,902 | 101.94% | 9,561 | 19.90 | 190,825 | 19.95 | 191,085 | 191,085 | - | (141,855) | 1,323,268 | 1,465,123 | (141,855) |
| 26 | Odd Fellow's Home of Maine | Androscoggin | Auburn | 07/01/10 | 06/30/11 | 8,257 | 9,284 | 78.68 | 786,594 | 85.05 | 649,661 | 702,258 | (52,597) | 92.51% | 57.36 | 532,891 | 68.17 | 473,622 | 562,860 | (89,258) | 84.14% | 9,265 | 24.22 | 224,399 | 24.22 | 199,985 | 199,985 | - | (120,008) | 1,359,089 | 1,479,097 | (120,008) |
| 38 | Orchard Park Living Center | Franklin | Farmington | 01/01/11 | 12/31/11 | 7,974 | 12,232 | 80.82 | 1,099,237 | 89.87 | 644,459 | 716,623 | (72,164) | 89.93% | 58.50 | 789,002 | 64.5 | 465,479 | 514,323 | (47,844) | 90.70% | 12,213 | 31.12 | 380,030 | 31.12 | 248,151 | 248,151 | - | (479,252) | 3,494,110 | 3,973,362 | (479,252) |
| 80 | Orono Commons | Penobscot | Orono | 01/01/11 | 12/31/11 | 20,196 | 27,143 | 91.81 | 2,811,883 | 103.59 | 1,854,195 | 2,092,104 | (237,909) | 88.63% | 56.14 | 1,848,107 | 68.09 | 1,133,603 | 1,375,146 | (241,543) | 82.45% | 27,117 | 25.06 | 679,504 | 25.06 | 506,112 | 506,112 | - | | | | |

Nursing Facilities
Comparison of MaineCare Funding & Costs
Based on Provider's 2011 "As Filed" Cost Reports
for the Fiscal Years Ending in 2011

| (1) | (2) | | | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) | (21) | (22) | (23) | (24) | (25) | (26) | (27) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # of Beds | Facility | County | Town | Fiscal Year Begin | Fiscal Year Ending in 2011 | State Days | Total Resident Days | Sch A Direct Care Rate | Sch G Direct Care Costs | Sch G Direct Care Cost per Day (col 7 / col 5) | Direct Care MaineCare Funding (col 4 x col 6) | Pre-Cap Allowable Direct Care Cost (col 4 x col 8) | Variance between DC Funding & Pre-Cap Cost (col 9 - col 10) | a) % of Pre-Cap Direct Care Costs Funded (col 9 / col 10) | Sch A Routine Rate | Sch G Routine Costs | Sch G Routine Cost per Day (col 14 / col 5) | Routine MaineCare Funding (col 4 x col 13) | Pre-Cap Allowable Routine Cost (col 4 x col 15) | Variance between Routine Funding & Pre-Cap Cost (col 18 - col 17) | b) % of Pre-Cap Routine Costs Funded (col 16 / col 17) | Total days net of DWP | Sch A Fixed costs rate | Schedule G Fixed costs | Schedule G Fixed costs per day | Fixed Costs MaineCare Reimbursement | Per-Cap Fixed Allowable Fixed costs | Variance between FC funding & Pre-Cap costs | Total Net Variance DC & Routine (col 11 + col 18) | Total MaineCare Reimbursement | Total Pre-Cap Allowable Costs | Variance between total funding & total Pre-Cap costs |
| 54 | Penobscot Nursing Home | Hancock | Penobscot | 01/01/11 | 12/31/11 | 9,395 | 13,200 | 87.73 | 1,411,143 | 106.80 | 824,223 | 1,004,326 | (180,103) | 82.07% | 46.43 | 750,061 | 56.82 | 436,210 | 533,824 | (97,614) | 81.71% | 13,200 | 10.82 | 176,441 | 13.37 | 101,654 | 125,611 | (23,957) | (301,674) | 1,362,087 | 1,663,761 | (301,674) |
| 58 | Pine Point Nursing Care Center | Cumberland | Scarborough | 01/01/11 | 12/31/11 | 13,374 | 20,207 | 104.99 | 2,366,095 | 117.09 | 1,404,136 | 1,565,962 | (161,826) | 89.67% | 58.50 | 1,557,399 | 77.07 | 782,379 | 1,030,734 | (248,355) | 75.91% | 20,200 | 41.04 | 829,109 | 41.05 | 548,869 | 549,003 | (134) | (410,315) | 2,735,384 | 3,145,699 | (410,315) |
| 67 | Presque Isle Nursing Home | Aroostook | Presque Isle | 10/01/10 | 09/30/11 | 17,015 | 23,368 | 97.75 | 2,285,109 | 97.79 | 1,663,216 | 1,663,897 | (681) | 99.96% | 55.86 | 1,457,456 | 62.37 | 850,458 | 1,061,226 | (110,768) | 89.56% | 23,368 | 31.74 | 741,730 | 31.74 | 540,056 | 540,056 | - | (111,449) | 3,153,730 | 3,265,179 | (111,449) |
| 39 | Quarry Hill (Camden H.C.C.) - The Gardens | Knox | Camden | 04/01/10 | 03/31/11 | 4,681 | 11,700 | 94.11 | 1,858,189 | 143.89 | 440,529 | 673,549 | (233,020) | 65.40% | 57.15 | 784,615 | 80.76 | 267,519 | 284,415 | (16,899) | 94.06% | 12,897 | 43.52 | 561,293 | 43.52 | 203,717 | 203,717 | - | (249,919) | 811,765 | 1,181,684 | (249,919) |
| 32 | Riverridge | York | Kennebunk | 01/01/11 | 12/31/11 | 16,493 | 12,814 | 129.01 | 1,909,547 | 163.21 | 1,039,821 | 1,315,473 | (275,652) | 79.05% | 58.50 | 1,233,370 | 105.42 | 471,510 | 849,685 | (378,175) | 55.49% | 11,538 | 61.37 | 714,172 | 61.37 | 494,642 | 494,642 | - | (653,827) | 2,005,873 | 2,659,700 | (653,827) |
| 83 | Ross Manor | Penobscot | Bangor | 01/01/11 | 12/31/11 | 16,493 | 28,375 | 98.87 | 3,478,073 | 122.58 | 1,630,663 | 2,021,712 | (391,049) | 80.66% | 55.86 | 1,601,742 | 83.5 | 921,299 | 1,047,306 | (126,007) | 87.97% | 28,201 | 46.62 | 1,314,774 | 46.62 | 766,904 | 766,904 | - | (517,055) | 3,320,666 | 3,837,822 | (517,055) |
| 32 | Rumford Community Home | Oxford | Rumford | 07/01/10 | 06/30/11 | 9,170 | 10,742 | 82.96 | 1,129,546 | 105.15 | 760,743 | 964,226 | (203,483) | 78.90% | 58.21 | 634,083 | 59.03 | 533,786 | 541,305 | (7,519) | 98.61% | 10,722 | 23.24 | 249,181 | 23.24 | 213,111 | 213,111 | - | (211,002) | 1,507,840 | 1,718,842 | (211,002) |
| 50 | Russell Park Manor | Androscoggin | Lewiston | 01/01/11 | 12/31/11 | 13,805 | 21,555 | 94.32 | 2,137,767 | 99.15 | 1,302,088 | 1,369,180 | (67,092) | 95.10% | 49.67 | 884,547 | 51.3 | 635,379 | 658,230 | (20,851) | 96.82% | 17,241 | 25.26 | 435,485 | 25.26 | 323,126 | 323,126 | - | (92,102) | 2,081,003 | 2,173,105 | (92,102) |
| 62 | Sandy River Nursing Care Ctr. | Franklin | Farmington | 01/01/11 | 12/31/11 | 6,713 | 8,209 | 87.75 | 720,317 | 87.75 | 589,056 | 589,056 | 0 | 100.00% | 56.14 | 1,418,516 | 65.81 | 775,013 | 908,507 | (133,494) | 85.31% | 21,551 | 28.00 | 603,441 | 28 | 386,540 | 386,540 | - | (200,586) | 2,463,641 | 2,664,227 | (200,586) |
| 23 | Sanfield Living Center | Somerset | Hartland | 01/01/11 | 12/31/11 | 18,051 | 36,872 | 98.56 | 4,212,890 | 114.26 | 1,778,107 | 2,052,507 | (263,400) | 86.26% | 58.51 | 491,713 | 59.9 | 392,778 | 402,109 | (9,331) | 97.68% | 8,209 | 23.80 | 193,712 | 23.6 | 158,427 | 158,427 | - | (9,331) | 1,140,271 | 1,149,602 | (9,331) |
| 105 | Seal Rock | York | Saco | 01/01/11 | 12/31/11 | 24,604 | 40,757 | 108.17 | 4,793,520 | 117.61 | 2,661,415 | 2,893,676 | (232,261) | 91.97% | 55.85 | 2,158,490 | 58.54 | 1,008,329 | 1,056,706 | (48,377) | 95.42% | 36,845 | 54.69 | 2,015,214 | 54.69 | 987,209 | 987,209 | - | (331,777) | 3,774,645 | 4,105,422 | (331,777) |
| 124 | Seaside Nursing and Rel. Home | Cumberland | Portland | 01/01/11 | 12/31/11 | 15,302 | 18,990 | 85.70 | 1,686,217 | 88.79 | 1,311,381 | 1,358,665 | (47,284) | 96.52% | 55.42 | 2,270,690 | 55.71 | 1,363,554 | 1,370,889 | (7,135) | 99.48% | 40,686 | 34.11 | 1,387,603 | 34.11 | 839,242 | 839,242 | - | (239,396) | 4,884,211 | 5,103,607 | (239,396) |
| 57 | Sebasticook Valley Health Care facility | Somerset | Pittsfield | 01/01/11 | 12/31/11 | 11,039 | 23,272 | 102.19 | 2,510,793 | 107.89 | 1,128,075 | 1,190,998 | (62,923) | 94.72% | 58.21 | 1,146,979 | 60.4 | 890,729 | 924,241 | (33,512) | 96.37% | 18,990 | 24.56 | 466,380 | 24.56 | 375,817 | 375,817 | - | (80,796) | 2,577,927 | 2,658,723 | (80,796) |
| 65 | Sedgewood Commons | Cumberland | Falmouth | 01/01/11 | 12/31/11 | 19,201 | 25,746 | 95.18 | 2,556,119 | 99.27 | 1,827,551 | 1,906,083 | (78,532) | 95.88% | 56.14 | 1,594,464 | 58.52 | 619,729 | 756,392 | (136,663) | 81.93% | 23,272 | 51.33 | 1,194,660 | 51.33 | 566,632 | 566,632 | - | (199,586) | 2,314,436 | 2,514,022 | (199,586) |
| 73 | So. Portland Nursing Home | Cumberland | South Portland | 01/01/11 | 12/31/11 | 5,686 | 7,090 | 88.74 | 698,127 | 98.18 | 522,501 | 578,084 | (55,583) | 90.38% | 55.86 | 1,782,758 | 69.24 | 1,072,568 | 1,329,477 | (256,909) | 80.68% | 25,748 | 19.78 | 509,362 | 19.78 | 379,796 | 379,796 | - | (335,441) | 3,279,915 | 3,615,356 | (335,441) |
| 21 | Somerset Manor | Somerset | Bingham | 01/01/11 | 12/31/11 | 6,145 | 11,047 | 83.59 | 1,160,629 | 105.06 | 513,661 | 645,594 | (131,933) | 79.56% | 58.48 | 475,295 | 67.04 | 344,330 | 394,732 | (50,402) | 87.23% | 7,090 | 27.20 | 192,816 | 27.2 | 160,154 | 160,154 | - | (105,985) | 1,026,985 | 1,132,970 | (105,985) |
| 35 | Sonogee Estates | Hancock | Bar Harbor | 01/01/11 | 12/31/11 | 15,189 | 20,672 | 104.93 | 2,470,752 | 119.52 | 1,593,782 | 1,815,389 | (221,607) | 87.79% | 58.50 | 664,019 | 59.2 | 359,483 | 363,784 | (4,301) | 98.82% | 11,047 | 27.78 | 306,932 | 27.78 | 170,708 | 170,708 | - | (136,234) | 1,043,852 | 1,180,086 | (136,234) |
| 65 | Southridge Living Center | York | Biddeford | 01/01/11 | 12/31/11 | 18,977 | 34,588 | 108.71 | 4,094,745 | 118.05 | 2,062,990 | 2,240,235 | (177,245) | 92.09% | 56.14 | 1,059,761 | 51.75 | 852,710 | 786,031 | 66,679 | 108.48% | 20,844 | 25.17 | 547,721 | 26.53 | 387,486 | 402,964 | (5,488) | (160,366) | 2,843,988 | 3,004,354 | (160,366) |
| 109 | Springbrook Nursing Care Center | Cumberland | Westbrook | 01/01/11 | 12/31/11 | 22,269 | 31,129 | 98.32 | 3,071,504 | 99.87 | 2,191,454 | 2,199,256 | (7,802) | 99.65% | 56.13 | 2,345,268 | 67.61 | 1,065,179 | 1,283,035 | (217,856) | 83.02% | 34,637 | 38.45 | 1,331,660 | 38.45 | 729,666 | 729,666 | - | (395,101) | 3,857,835 | 4,252,936 | (395,101) |
| 96 | St. Andre Health Care Facility | York | Biddeford | 01/01/11 | 12/31/11 | 22,269 | 10,721 | 105.92 | 1,201,705 | 112.09 | 673,333 | 712,556 | (39,223) | 94.50% | 56.14 | 2,197,872 | 70.61 | 1,251,304 | 1,573,826 | (322,522) | 79.51% | 31,129 | 28.69 | 893,021 | 28.88 | 639,471 | 643,706 | (4,235) | (334,559) | 4,082,229 | 4,416,788 | (334,559) |
| 30 | St. Andrews Village | Lincoln | Boothbay Harb | 10/01/10 | 09/30/11 | 6,357 | 15,560 | 85.25 | 1,363,375 | 87.62 | 1,210,976 | 1,244,642 | (33,666) | 97.30% | 55.86 | 2,537,382 | 81.07 | 137,583 | 150,415 | (12,832) | 91.47% | 15,560 | 42.99 | 668,865 | 42.99 | 610,673 | 610,673 | - | (59,661) | 1,360,994 | 1,497,328 | (116,334) |
| 43 | St. Joseph Operating Co - St. Joseph N.H. | Aroostook | Upper Frenchv | 01/01/11 | 12/31/11 | 14,205 | 15,560 | 99.85 | 4,801,380 | 116.57 | 245,931 | 284,649 | (38,718) | 86.40% | 58.21 | 934,170 | 60.04 | 826,873 | 852,868 | (25,995) | 96.95% | 10,721 | 32.28 | 346,066 | 32.28 | 205,204 | 205,204 | - | (51,550) | 2,648,522 | 2,708,183 | (59,661) |
| 121 | St. Joseph's Rehabilitation and Residence | Cumberland | Portland | 07/01/10 | 06/30/11 | 2,463 | 41,547 | 104.70 | 9,607,135 | 130.58 | 5,598,937 | 6,982,896 | (1,383,959) | 80.18% | 55.86 | 2,537,382 | 81.07 | 137,583 | 150,415 | (12,832) | 91.47% | 41,547 | 25.97 | 1,078,926 | 25.97 | 63,964 | 63,964 | - | (2,479,148) | 10,441,188 | 12,920,336 | (2,479,148) |
| 210 | St. Marguerite D'Youville Pav. | Androscoggin | Lewiston | 01/01/11 | 12/31/11 | 53,476 | 73,573 | 89.82 | 1,883,054 | 89.82 | 997,580 | 997,580 | 0 | 100.00% | 55.86 | 5,616,997 | 76.34 | 2,987,169 | 4,082,358 | (1,095,189) | 73.17% | 73,362 | 34.69 | 2,544,603 | 34.69 | 1,855,082 | 1,855,082 | - | (31,278) | 2,012,819 | 2,044,097 | (31,278) |
| 63 | Stillwater Health Care | Penobscot | Bangor | 01/01/11 | 12/31/11 | 11,131 | 21,011 | 73.72 | 897,892 | 100.10 | 411,136 | 558,258 | (147,122) | 73.65% | 55.86 | 1,232,597 | 58.67 | 621,778 | 653,056 | (31,278) | 95.21% | 20,988 | 35.35 | 741,849 | 35.35 | 393,481 | 393,481 | - | (236,409) | 881,166 | 1,117,575 | (236,409) |
| 28 | Sunrise Residential Care Facility | Washington | Jonesport | 01/01/11 | 12/31/11 | 5,577 | 8,370 | 90.05 | 1,583,088 | 90.05 | 1,016,935 | 1,016,935 | 0 | 100.00% | 58.50 | 668,397 | 74.51 | 326,255 | 415,542 | (89,287) | 78.51% | 8,970 | 25.78 | 231,239 | 25.78 | 143,775 | 143,775 | - | 0 | 1,966,112 | 1,966,112 | 0 |
| 53 | Tallpines Health Care Facility | Waldo | Belfast | 01/01/11 | 12/31/11 | 11,293 | 17,586 | 88.97 | 2,173,270 | 94.38 | 1,432,239 | 1,519,329 | (87,090) | 94.27% | 57.98 | 1,018,241 | 57.98 | 654,758 | 654,758 | 0 | 100.00% | 17,571 | 26.07 | 456,092 | 26.07 | 284,409 | 284,409 | - | (208,781) | 2,871,624 | 2,880,415 | (208,781) |
| 64 | Varney Crossing Nursing Care Center | York | North Berwick | 07/01/10 | 06/30/11 | 16,095 | 23,027 | 80.48 | 1,341,843 | 80.59 | 1,090,504 | 1,091,995 | (1,491) | 99.86% | 55.96 | 1,460,263 | 63.42 | 899,234 | 1,020,935 | (121,701) | 88.08% | 23,027 | 21.13 | 486,567 | 21.13 | 340,151 | 340,151 | - | (57,046) | 2,166,348 | 2,213,394 | (57,046) |
| 47 | Victorian Villa Nursing Home | Oxford | Canton | 01/01/11 | 12/31/11 | 13,550 | 16,647 | 90.39 | 2,105,953 | 90.64 | 1,220,175 | 1,223,549 | (3,374) | 99.72% | 55.03 | 984,397 | 59.13 | 745,657 | 801,212 | (55,555) | 93.07% | 15,604 | 23.83 | 392,354 | 23.83 | 320,187 | 320,187 | - | 1 | 2,264,953 | 2,264,052 | 1 |
| 65 | Westgate Manor | Penobscot | Bangor | 01/01/11 | 12/31/11 | 13,499 | 23,245 | 97.16 | 1,756,139 | 136.08 | 815,120 | 861,522 | (246,402) | 95.05% | 58.50 | 991,076 | 76.8 | 370,394 | 486,221 | (115,857) | 76.17% | 23,243 | 27.05 | 628,619 | 27.05 | 365,148 | 365,148 | - | (362,259) | 1,270,569 | 1,632,828 | (362,259) |
| 38 | Whitehall Gardens | Knox | Camden | 01/01/11 | 12/31/11 | 6,331 | 12,905 | 89.62 | 2,194,665 | 93.31 | 1,278,774 | 1,332,467 | (52,693) | 96.05% | 55.86 | 1,353,177 | 57.53 | 797,581 | 821,528 | (23,647) | 97.10% | 12,890 | 45.03 | 580,445 | 45.03 | 285,085 | 285,085 | - | (77,539) | 2,468,303 | 2,535,842 | (77,539) |
| 72 | Winship Green Nursing Center | Cumberland | Bath | 01/01/11 | 12/31/11 | 14,280 | 23,521 | 84.57 | 959,209 | 84.57 | 853,680 | 853,680 | 0 | 100.00% | 54.29 | 806,598 | 54.29 | 717,768 | 717,768 | 0 | 100.00% | 23,399 | 26.67 | 625,746 | 26.74 | 380,848 | 381,847 | (999) | 0 | 1,763,417 | 1,763,417 | 0 |
| 46 | Winthrop Manor - was Nicholsons | Kennebec | Winthrop | 01/01/11 | 12/31/11 | 13,221 | 14,856 | 78.03 | 1,187,276 | 78.03 | 857,862 | 857,862 | 0 | 100.00% | 58.21 | 971,936 | 63.35 | 639,961 | 696,470 | (56,509) | 91.89% | 14,855 | 14.52 | 215,764 | 14.52 | 191,969 | 191,969 | - | (56,509) | 1,840,505 | 1,897,015 | (56,509) |
| 46 | Woodlawn Nursing Home | Somerset | Skowhegan | 01/01/11 | 12/31/11 | 10,984 | 15,343 | | | | | | | | 54.29 | 717,768 | 54.29 | 717,768 | 717,768 | 0 | 100.00% | 14,736 | 31.17 | 459,312 | 31.17 | 342,683 | 342,683 | - | (152,507) | 271,457,438 | 300,571,792 | (29,114,354) |
| | Totals | | | | | | | | | | 140,651,914 | ########## | (18,061,008) | 88.62% | | | | 85,032,256 | 95,093,095 | (10,060,839) | 89.84% | | | | | ≈5,773,268 | 45,925,775 | | (29,114,354) | | |

Notes:
a) Direct care funding at 100% indicates that the allowable direct care costs are at or below the direct care rate.
b) Routine funding exceeds 100% when there is a direct care disallowance equal to or greater than the routine savings per Principle 80.5.7.
c) Routine funding exceeds 100% when there is a direct care disallowance equal to or greater than the routine savings per Principle 80.5.7.
d) the routine rate for Forest Hills has been adjusted to correct a calculation error on schedule B of the cost report.

# APPENDIX H

## Public Law 1999, Chapter 731, Part BBBB

## PART BBBB

**Sec. BBBB-1. Rule amendment regarding Medicaid long-term care policy and the home care program.** The Department of Human Services shall review and amend its rules regarding Medicaid long-term care policy in order to enhance the flexibility of Medicaid benefits to the extent possible under federal law. The department shall consider the report of the Joint Advisory Committee on Select Services for Older Persons dated January 2000. The review must include but is not limited to the feasibility of amending Medicaid rules to ensure that consumers do not lose critical benefits when they make a transition from the state-funded home care program to the Medicaid program. Rules adopted pursuant to this section take effect January 1, 2001. Rules adopted pursuant to this section are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter II-A.

**Sec. BBBB-2. Rule amendment regarding consumers of long-term care services who have chronic conditions that change.** The Department of Human Services shall amend its rules regarding eligibility for nursing facility services to allow for increased eligibility for consumers of long-term care services who have chronic conditions that change enough to qualify and disqualify them for services on a cyclical basis. Rules adopted pursuant to this section take effect October 1, 2000. Rules adopted pursuant to this section are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter II-A.

**Sec. BBBB-3. Labor force initiatives.** The Department of Human Services and the State Board of Nursing, in consultation with consumers, providers and other interested parties, shall adopt or amend rules and propose such legislation to the Legislature as may be required to create career ladders and address labor shortage issues. By August 1, 2000, the Department of Human Services shall amend its rules to provide for continuing certification on the Maine Registry of Certified Nursing Assistants of a certified nursing assistant who, over a 24-month period, performs for 8 hours nursing or nursing-related services that are supervised by a registered nurse. The rules may not require that nursing or nursing-related services be performed in a nursing facility or hospital. The rules must be retroactive for 2 years. Rules adopted pursuant to this provision are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter II-A.

**Sec. BBBB-4. Provision of best practices forums.** The Department of Human Services shall participate in a series of best practices forums to provide educational workshops and opportunities to providers of long-term care services. Workshops and forums may be cosponsored by entities other than the department.

**Sec. BBBB-5. Development of standardized contracts and rule adoption.** The Department of Human Services shall develop and adopt rules to require the use of standardized contracts to be used for long-term care services between the service provider and the consumer when appropriate to the service and setting. Rules adopted pursuant to this section take effect January 1, 2001. Rules adopted or amended pursuant to this section are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter II-A.

**Sec. BBBB-6. Rule amendment regarding default licensing.** The Department of Human Services and the Department of Public Safety shall amend their rules regarding licensing for long-term care facilities and services to provide for default licensing for new applicants. The rules must provide that default licensing takes effect when a new applicant has filed a completed application, has not been provided the necessary notifications, inspections or services from state agencies and a period of more than 90 days has elapsed since notification that the application is complete. The Department of Human Services and the Department of Public Safety and persons

or entities performing functions for those departments shall notify a new applicant within 2 weeks of filing by the applicant on whether the application is complete. The Department of Human Services and the Department of Public Safety shall provide necessary services and inspections within 90 days of the filing of the completed application. Rules adopted pursuant to this section take effect January 1, 2001. Rules adopted pursuant to this section are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter II-A.

**Sec. BBBB-7. Expansion of the National Fire Protection Association Life Safety Code inspection capacity.** The Department of Human Services, the Department of Public Safety and municipal fire officials shall work together to devise ways to expand the delegation of the National Fire Protection Association Life Safety Code inspections. The Department of Human Services and the Department of Public Safety shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 1, 2001 on their progress under this section. The joint standing committee of the Legislature having jurisdiction over health and human services matters has authority to report out legislation on life safety code inspections.

**Sec. BBBB-8. Rule amendment regarding the principles of reimbursement for nursing facilities.** The Department of Human Services shall amend the principles of reimbursement for nursing facilities to ensure that reimbursement reflects the current cost of providing services in an efficient manner. The department shall reconsider the provision that allows retention of 25% of cost savings in the direct cost component. The revised principles of reimbursement must merge routine and indirect cost components into a single routine cost component category; must include medical supplies as a direct cost component; must incorporate the most recent time-study information; must rebase to the most recent audited year; must contain an annual inflation adjustment appropriate to the industry; must include performance standards, measurable outcomes and satisfaction surveys of consumers and family members; must utilize cost caps, including, but not limited to, cost caps for facilities based on size; and must recognize regional variations in labor costs. Rules amended pursuant to this section take effect September 1, 2000. Rules amended pursuant to this section are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter II-A.

**Sec. BBBB-9. Report on long-term care insurance.** The Department of Human Services, the Maine State Retirement System and the State Employee Health Insurance Program shall work together to study the provision of group long-term care insurance to employees of the State and other public sector employees and retirees and to their family members and to the citizens of the State. The study must consider the CalPERS system operating in California, other models used in other states and the feasibility of regional cooperation among states. The State Employee Health Insurance Program is the lead agency in the study and shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by April 1, 2001 regarding the study and any recommendations.

**Sec. BBBB-10. Development of a public awareness campaign.** The Department of Human Services, Bureau of Elder and Adult Services shall coordinate with the Bureau of Health a public awareness campaign that focuses on the benefits of a healthy lifestyle and the need to plan for long-term care. The department shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 1, 2001 on its progress on the campaign.

**Sec. BBBB-11. Staffing ratios.** By October 1, 2000, the Department of Human Services shall amend the rules on minimum staffing ratios in long-term care facilities to provide for ratios in accordance with this provision.

1. The minimum staffing ratios may not be less than the following:

A. On the day shift, one direct-care provider for every 5 residents;

B. On the evening shift, one direct-care provider for every 10 residents; and

C. On the night shift, one direct-care provider for every 18 residents.

2. The minimum staffing ratio rule must provide definitions for "direct-care providers" and "direct care" as follows:

A. "Direct-care providers" means registered nurses, licensed practical nurses and certified nursing assistants who provide direct care to nursing facility residents; and

B. "Direct care" means hands-on care provided to residents, including, but not limited to, feeding, bathing, toileting, dressing, lifting and moving residents. "Direct care" does not include food preparation, housekeeping or laundry services except in circumstances when such services are required to meet the needs of an individual resident on a given occasion.

The Department of Human Services shall undertake pilot projects to determine appropriate staffing ratios for mealtimes and shall report on progress on the pilot projects to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 1, 2001.

The Department of Human Services shall begin work to develop staffing ratios based on resident acuity level. In developing the new staffing ratios, the department shall contract with one or more experts in nurse staffing research and long-term care who shall recommend a methodology for determining appropriate ratios. By May 1, 2001, the Commissioner of Human Services shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding the progress of the department in developing acuity-based staffing ratios, a proposal for adopting acuity-based staffing ratios and any required legislation.

**Sec. BBBB-12. Rule amendment regarding licensing and surveys of providers of long-term care services.** Consistent with the requirements of the federal Medicaid and Medicare programs, the Department of Human Services shall amend its rules regarding the duration of licenses for providers of long-term care services and the surveys required of those providers. In preparing the amendments, the department shall consider performance standards, recognized standards of best practice, desired and measurable outcomes and satisfaction surveys of consumers and their families. To the extent not in conflict with the requirements of applicable federal programs, the rules must provide for the reasonable lengthening of license periods and some relaxation of survey requirements for providers of services with a documented track record of consistently high-quality service delivery as measured by performance standards and other appropriate criteria. Rules adopted pursuant to this section take effect July 1, 2001. Rules adopted or amended pursuant to this section are major substantive rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter II-A.

**Sec. BBBB-13. Rule amendment regarding assessment for eligibility for reimbursement under the Medicaid program for long-term care services.** The Department of Human Services shall review its rules for determining eligibility for reimbursement under the Medicaid program for long-term care. The review process must include consumers, providers and other interested persons. It must identify ways to make the process of assessment of medical condition and cognitive function more flexible without undermining its objectivity. The review must include, but is not limited to, providing the nurse assessor authority to utilize professional skills and to consider input from the consumer's family and physician. The review should include the establishment of guidelines to provide to the nurse assessor standards with regard to consumer need and care plan development. The rules must eliminate the requirement of automatic annual assessments of the medical condition of consumers whose medical conditions are unlikely to improve sufficiently to cause a change in their eligibility for services. The review process must also include verification of financial information in the process of determining financial

eligibility and cost-sharing for state-funded services. By January 15, 2001, the department shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters its recommendation and any necessary legislation on assessment for eligibility.

**Sec. BBBB-14. Review of reimbursement under the Medicaid program.** The Department of Human Services shall review its rules on reimbursement for assisted living and home care services and shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 1, 2001 its recommendations for including in the reimbursement formulas for those services, factors for acuity of consumer condition, level of need for services, performance standards and consumer satisfaction surveys.

**Sec. BBBB-15. Establishment of the Long-term Care Implementation Committee.** There is established the Long-term Care Implementation Committee, referred to in this section as the "committee," to monitor the progress of state departments and offices in implementing the provisions of this Part. The committee shall review the adoption and amendment of rules performed in response to this Part and may make recommendations to the Department of Human Services and to the joint standing committee of the Legislature having jurisdiction over health and human services matters for amendments to those rules. The committee shall review the quality of care in the long-term care system.

**1. Membership.** The committee consists of 13 members. The President of the Senate shall appoint 5 members as follows: one member representing providers; one member representing the Long-term Care Steering Committee; one member representing consumers of long-term care services; and 2 Legislators, one representing the joint standing committee of the Legislature having jurisdiction over health and human services matters and one representing the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs. One Legislator must represent the majority party and one Legislator must represent the minority party. The Speaker of the House of Representatives shall appoint 5 members follows: one person representing providers; one member representing the long-term care ombudsman program; one member representing consumers of long-term care services; and 2 Legislators, one representing the joint standing committee of the Legislature having jurisdiction over health and human services matters and one representing the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs. One Legislator must represent the majority party and one Legislator must represent the minority party. The Commissioner of Human Services or the commissioner's designee and 2 other persons representing the Department of Human Services, appointed by the commissioner, are ex officio members of the committee. All appointments must be complete by January 1, 2001.

**2. Meetings.** The committee may meet up to 9 times per year. The committee members shall select 2 persons from among the members to serve as cochairs. Persons serving as cochairs may serve in that capacity for a maximum of 12 months. The Department of Human Services shall provide staff and support services. Committee members not otherwise reimbursed for expenses of attending meetings are entitled to reimbursement.

**3. Duties.** The committee shall report by February 1, 2001; February 1, 2002; and December 31, 2002 to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The report must include activities of the committee in the prior year, the opinion of the committee on the progress being made to implement this Part and any recommendations for action, including recommending necessary legislation to the Legislature. This section is repealed January 1, 2003.

**Sec. BBBB-16. Appropriation.** The following funds are appropriated from the General Fund to carry out the purposes of this Part.

**HUMAN SERVICES, DEPARTMENT OF**

**Medical Care - Payments to Providers**

All Other $273,000

Provides for the appropriation of funds to increase wages for home-care workers.

**Nursing Facilities**

All Other 300,000

Provides for the appropriation of funds to provide increased eligibility for consumers of long-term care services who have chronic conditions that change.

**Nursing Facilities**

All Other 1,600,000

Provides for the appropriation of funds to ensure that the principles of reimbursement for nursing facilities reflect the current cost of providing services in an efficient manner.

**Nursing Facilities**

All Other 1,336,000

Provides for the appropriation of funds to increase the minimum staffing ratios in long-term care facilities.

**Long-term Care - Human Services**

All Other 1,074,000

Provides for the appropriation of funds to provide services to persons on waiting lists for home-based care.

**Long-term Care - Human Services**

All Other 327,000

Provides for the appropriation of funds to increase wages for home-care workers.

**Long-term Care - Human Services**

All Other 90,000

Provides for the appropriation of funds for increased costs of home-care programs due to changes in the cost-sharing formula.

**DEPARTMENT OF HUMAN SERVICES**
**TOTAL** $5,000,000

**Sec. BBBB-17. Allocation.** The following funds are allocated from the Federal Expenditures Fund to carry out the purposes of this Part.

**2000-01**

**HUMAN SERVICES, DEPARTMENT OF**

**Medical Care - Payments to Providers**

All Other $533,380

Provides for the allocation of funds for the federal match to increase wages for home-care workers.

**Nursing Facilities**

All Other 586,132

Provides for the allocation of funds for the federal match to provide continuing eligibility for consumers of long-term care services who have chronic conditions that change.

**Nursing Facilities**

All Other 3,126,038

Provides for the allocation of funds for the federal match to ensure that the principles of reimbursement for nursing facilities reflect the current cost of providing services in an efficient manner.

**Nursing Facilities**

All Other 2,610,241

Provides for the allocation of funds for the federal match to increase the minimum staffing ratios at long-term care facilities.

**DEPARTMENT OF HUMAN SERVICES**
**TOTAL** $6,855,791

# APPENDIX I

**Department of Health and Human Services Rules, Chapter 110, Licensing and Functions of Skilled Nursing Facilities and Nursing Facilities, Chapter 9, Resident Care Staffing**

## CHAPTER 9

## RESIDENT CARE STAFFING

### 9.A. Minimum Nursing Staff Requirements

The following minimum nursing staff requirements shall be met:

#### 9.A.1. Director of Nursing

a. In each licensed nursing facility there shall be a Registered Professional Nurse employed full-time who shall be responsible for the direction of all nursing services delivered in the facility.

b. The Director of Nursing must be qualified by education, training and experience in both Gerontology and nursing administration.

c. If the Director of Nursing is functioning as a Temporary Administrator, a nurse shall be appointed to act as the Director of Nursing during that period of time.

d. Lines of responsibility shall be clearly established in writing and shall be made known to all nursing staff and other appropriate personnel.

#### 9.A.2. Director of Nursing - Responsibilities

The Director of Nursing shall be responsible and accountable to the Administrator for:

a. Assuring the delivery of all required services to residents;

b. Developing and maintaining nursing service objectives, current standards of nursing practice, nursing policy and procedure and manuals, and written job descriptions for each level of personnel;

c. Coordination of nursing services with other resident services;

d. Establishment of the means of assessing the needs of residents and staffing to meet those needs on all shifts;

e. Assuring the delivery of orientation programs and staff development;

f. Participating in the selection of prospective residents in terms of nursing service they need and nursing competencies available;

g. Assuring that a comprehensive assessment and plan of care is established for each resident, and that his/her plan is reviewed and modified and implemented as is necessary;

h. Assuring the evaluation of the performance for all nursing personnel at regular intervals and making recommendations to the administrator;

i. Recommending action when needed to control noise, maintain, repair or replace equipment; ensuring cleanliness and safety measures; providing proper allocation and utilization of space and equipment;

j. Recommending to the administrator the number and levels of nursing personnel, supplies and equipment for safe resident care;

k. Establishing priorities for budget items that are necessary to provide services;

l. Participating in the Quality Assurance Committee and other committees as necessary.

9.A.3. **Licensed Staff Coverage**

a. There shall be a Registered Professional Nurse on duty for at least eight (8) consecutive hours each day of the week.

b. Licensed nurse coverage shall be provided according to the needs of the residents as determined by their levels of care. The following minimum coverage shall be met:

1. Day Shift

a. In each facility there shall be a licensed nurse on duty seven (7) days a week.

b. Each facility must designate a Registered Professional Nurse or a Licensed Practical Nurse as the charge nurse. In facilities with twenty (20) beds or less, the Director of Nursing may also be the charge nurse.

c. In facilities larger than twenty (20) beds, in addition to the Director of Nursing, there shall also be another licensed nurse on duty.

d. An additional licensed nurse shall be added for each fifty (50) beds above fifty (50).

e. In facilities of one hundred (100) beds and over, the additional licensed nurse shall be a Registered Professional Nurse for each multiple of one hundred (100) beds.

2. Evening Shift

a. There shall be a licensed nurse on duty eight (8) hours each evening.

b. An additional licensed nurse shall be added for each seventy (70) beds.

c. In facilities of one hundred (100) beds and over, one of the additional licensed nurses shall be a Registered Professional Nurse.

3. Night Shift

a. There shall be a licensed nurse on duty eight (8) hours each night.

b. An additional licensed nurse shall be added for each one hundred (100) beds.

c. In facilities of one hundred (100) beds and over there shall be a Registered Professional Nurse on duty.

d. Registered Professional Nurse on Call

All licensed nursing facilities, regardless of size, shall have a Registered Professional Nurse on duty or on call at all times.

e. Private Duty Nurses

The presence of private duty nurses shall have no effect on the nursing staff requirements.

9.A.4. **Minimum Staffing Ratios**

A. The nursing staff-to-resident ratio is the number of nursing staff to the number of occupied beds. Nursing assistants in training shall not be counted in the ratios.

The minimum nursing staff-to-resident ratio shall not be less than the following:

1. On the day shift, one direct-care provider for every 5 residents;
2. On the evening shift, one direct-care provider for every 10 residents; and
3. On the night shift, one direct-care provider for every 15 residents

The definition of direct care providers and direct care is found in Chapter 1 of these Regulations. (see Page 2)

9.A.5. **Multi-Storied Facilities**

There shall be staff assigned to each resident floor at all times when residents are present.

9.B. **Assignment of Tasks**

9.B.1. **Licensed Practical Nurse**

Only nursing tasks for which that nurse has been trained and which are within the LPN scope of practice, as defined by the Maine State Board of Nursing, shall be assigned to the LPN.

9.B.2. **Certified Nursing Assistants**

The nursing tasks assigned to a CNA shall only be those for which the CNA has been trained and which are within the scope of the duties, as defined by the Maine State Board of Nursing rules and regulations.

9.B.3. **Nursing Assistant**

a. Prior to the initial assignment of a nursing task to a nursing assistant, the Registered Professional Nurse shall determine if the individual is enrolled in a course preparing nursing assistants. The Registered Professional Nurse may assign to that individual only those tasks for which the individual has been satisfactorily prepared as documented by the instructional staff. Such

training program or course must be satisfactorily completed within four (4) months from the date of employment.

b. When a nursing assistant is waiting for a training program to start, he/she may participate in non-direct care activities, such as making unoccupied beds and passing trays, and water and linens.

9.B.4. **Administration of Medication by a Certified Nursing Assistant/Medications**

A certified nursing assistant/medications may administer medications only when this function is assigned by a registered professional nurse and there is a licensed nurse on duty.

Eff. 10/15/04 9.B.5. **Feeding Assistants**

All trained feeding assistants shall work under the supervision of a registered or licensed practical nurse. The decision to allow a feeding assistant to feed a resident is based on the charge nurse's assessment and the resident's latest assessment and plan of care. Facilities are responsible for any adverse actions resulting from the use of feeding assistants.

9.C. **Sharing of Staff**

Sharing of nursing staff is permitted between the nursing facility and other levels of assisted living on the same premises as long as there is a clear documented audit trail and the staffing in the nursing facility remains adequate to meet the needs of residents. All sharing of nursing staff must be approved in writing by the Department. There may not be sharing of nursing staff between the nursing facility and another non-nursing facility, whether it is physically attached or in proximity to the nursing facility without written approval by the Department. The non-nursing facility must provide its own separate activities, but may share housekeeping, laundry, dietary and maintenance staff, and account for these hours.

9.D. **Staffing Patterns**

The facility is responsible for establishing its own staffing pattern according to the needs of the residents and in accordance with the provisions of these regulations.

# APPENDIX J

## 42 Code of Federal Regulations section 483.30

AUTHENTICATED
U.S. GOVERNMENT
INFORMATION
GPO



### § 483.30 Nursing services.

The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.

(a) *Sufficient staff.* (1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

(i) Except when waived under paragraph (c) of this section, licensed nurses; and

(ii) Other nursing personnel.

(2) Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

(b) *Registered nurse.* (1) Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.

(2) Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.

(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.

(c) *Nursing facilities: Waiver of requirement to provide licensed nurses on a 24-hour basis.* To the extent that a facility is unable to meet the requirements of paragraphs (a)(2) and (b)(1) of this section, a State may waive such requirements with respect to the facility if—

(1) The facility demonstrates to the satisfaction of the State that the facility has been unable, despite diligent efforts (including offering wages at the community prevailing rate for nursing facilities), to recruit appropriate personnel;

(2) The State determines that a waiver of the requirement will not endanger the health or safety of individuals staying in the facility;

(3) The State finds that, for any periods in which licensed nursing services are not available, a registered nurse or a physician is obligated to respond immediately to telephone calls from the facility;

(4) A waiver granted under the conditions listed in paragraph (c) of this section is subject to annual State review;

(5) In granting or renewing a waiver, a facility may be required by the State to use other qualified, licensed personnel;

(6) The State agency granting a waiver of such requirements provides notice of the waiver to the State long term care ombudsman (established under section 307(a)(12) of the Older Americans Act of 1965) and the protection and advocacy system in the State for the mentally ill and mentally retarded; and

(7) The nursing facility that is granted such a waiver by a State notifies residents of the facility (or, where appropriate, the guardians or legal representatives of such residents) and members of their immediate families of the waiver.

(d) *SNFs: Waiver of the requirement to provide services of a registered nurse for more than 40 hours a week.* (1) The Secretary may waive the requirement that a SNF provide the services of a registered nurse for more than 40 hours a week, including a director of nursing specified in paragraph (b) of this section, if the Secretary finds that—

(i) The facility is located in a rural area and the supply of skilled nursing facility services in the area is not sufficient to meet the needs of individuals residing in the area;

(ii) The facility has one full-time registered nurse who is regularly on duty at the facility 40 hours a week; and

(iii) The facility either—

(A) Has only patients whose physicians have indicated (through physicians' orders or admission notes) that they do not require the services of a registered nurse or a physician for a 48-hours period, or

(B) Has made arrangements for a registered nurse or a physician to spend time at the facility, as determined necessary by the physician, to provide necessary skilled nursing services on days when the regular full-time registered nurse is not on duty;

(iv) The Secretary provides notice of the waiver to the State long term care



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ombudsman (established under section 307(a)(12) of the Older Americans Act of 1965) and the protection and advocacy system in the State for the mentally ill and mentally retarded; and

(v) The facility that is granted such a waiver notifies residents of the facility (or, where appropriate, the guardians or legal representatives of such residents) and members of their immediate families of the waiver.

(2) A waiver of the registered nurse requirement under paragraph (d)(1) of this section is subject to annual renewal by the Secretary.

(e) *Nurse staffing information*—(1) *Data requirements.* The facility must post the following information on a daily basis:

(i) Facility name.

(ii) The current date.

(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:

(A) Registered nurses.

(B) Licensed practical nurses or licensed vocational nurses (as defined under State law).

(C) Certified nurse aides.

(iv) Resident census.

(2) *Posting requirements.* (i) The facility must post the nurse staffing data specified in paragraph (e)(1) of this section on a daily basis at the beginning of each shift.

(ii) Data must be posted as follows:

(A) Clear and readable format.

(B) In a prominent place readily accessible to residents and visitors.

(3) *Public access to posted nurse staffing data.* The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.

(4) *Facility data retention requirements.* The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.

[56 FR 48873, Sept. 26, 1991, as amended at 57 FR 43925, Sept. 23, 1992; 70 FR 62073, Oct. 28, 2005]

### § 483.35 Dietary services.

The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident.

(a) *Staffing.* The facility must employ a qualified dietitian either full-time, part-time, or on a consultant basis.

(1) If a qualified dietitian is not employed full-time, the facility must designate a person to serve as the director of food service who receives frequently scheduled consultation from a qualified dietitian.

(2) A qualified dietitian is one who is qualified based upon either registration by the Commission on Dietetic Registration of the American Dietetic Association, or on the basis of education, training, or experience in identification of dietary needs, planning, and implementation of dietary programs.

(b) *Sufficient staff.* The facility must employ sufficient support personnel competent to carry out the functions of the dietary service.

(c) *Menus and nutritional adequacy.* Menus must—

(1) Meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences;

(2) Be prepared in advance; and

(3) Be followed.

(d) *Food.* Each resident receives and the facility provides—

(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;

(2) Food that is palatable, attractive, and at the proper temperature;

(3) Food prepared in a form designed to meet individual needs; and

(4) Substitutes offered of similar nutritive value to residents who refuse food served.

(e) *Therapeutic diets.* Therapeutic diets must be prescribed by the attending physician.

(f) *Frequency of meals.* (1) Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community.

(2) There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided in (4) below.

(3) The facility must offer snacks at bedtime daily.



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# APPENDIX K

## Letter from Charlene Harrington

UCSF
University of California
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**Department of Social and Behavioral Sciences**

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October 8, 2013

Brenda Gallant R.N.
State Long-Term Care Ombudsman
Executive Director
Maine Long-Term Care Ombudsman Program
61 Winthrop Street
Augusta, Me. 04330

Dear Ms. Gallant

I am writing to express my strong opposition to proposed reductions in Maine's current nurse staffing standards. I understand that proposals have been made to reduce staffing from the current 3.49 hours per resident per day (hprd) to a 3.0 hprd minimum and to eliminate the current ratio requirements of 1:5, 1:10. 1:15.

As you know, low nurse staffing levels are the single most important contributor to poor quality of nursing home care in the US. Over the past 20 years, more than 100 research studies have documented the important relationship between nurse staffing levels, particular RN staffing, and the outcomes of care. The benefits of higher staffing levels, especially RN staffing, can include lower mortality rates; improved physical functioning; less antibiotic use; fewer pressure ulcers, catheterized residents, and urinary tract infections; lower hospitalization rates; and less weight loss and dehydration (Bostick et al., 2006; Castle, 2008; Spilsbury, Hewitt, Stirk, et al., 2011; U.S. CMS, 2001; Schnelle et al., 2004). Moreover, states that have introduced higher minimum staffing standards for nursing homes have been found to have nurse staffing levels and improved quality outcomes (Bowblis 2011; Harrington, Swan and Carrillo, 2007; Mukamel et al. 2012; Park and Stearns 2009). Moreover, Mukamel et al. (2013) found that higher state staffing standards and regulatory enforcement was cost effective.

A study published by the Centers for Medicare and Medicaid Services (CMS) (2001) found that staffing levels for long-stay residents below 4.1 hours per resident day (hprd) resulted in harm or jeopardy for residents (including levels below 0.75 for RNs and 0.55 for LPNs). The study conducted a simulation analysis which showed that nursing assistant (NA) time should range from 2.8 to 3.2 hprd, depending on the care residents need, just to carry out five basic nursing care activities (CMS, 2001). This amounts to 1 NA per seven residents on the day and evening shifts and 1 NA per 12 residents at night. Nursing homes below these levels had poor quality of care that caused harm and jeopardy. An Institute of Medicine (2003) report recommended the staffing levels indentified in CMS 2001 study.

Another study found widespread quality problems in many nursing homes: inadequate assistance with eating; poor verbal interactions; false charting; inadequate toileting assistance; infrequent turning of residents in bed; over half of residents left in bed most of the day; inadequate walking assistance; and widespread untreated pain and untreated depression (Schnelle et al., 2004). The authors concluded that staffing levels were a better predictor of high-quality care processes than quality measures and nursing homes with nurse staffing levels of 4.1 hprd or higher performed significantly better on 13 of 16 care processes compared with homes with lower staffing.

In another paper, experts recommended that minimum nurse staffing levels should be at least 4.5 hprd (Harrington, Kovner, Mezey, Kayser-Jones, et al., Zimmerman, 2000). Of course, nurse staffing levels need to be increased beyond the minimum levels in nursing homes that have high resident acuity (case mix) to assure that the needs of individual residents are met.

In 2013, the average U.S. nursing home provided a total of 4.1 hours per resident day (hprd) of total nursing care, provided by the Director of Nursing, registered nurses (RNs), licensed vocational or practical nurses (LVN/LPN), and nursing assistants (NAs) (CMS Medicare nursing home compare website). In the U.S., on average, only non-profit and government nursing homes nursing homes meet the CMS recommended staffing standards because for-profit nursing homes cut staffing to save money (Harrington, Olney, Carrillo, and Kang, 2012). Low nursing home staffing expenditures were directly associated with high nursing home profits (Harrington, Ross, Mukamel, and Rosenau, 2013).

Maine has higher staffing requirements than many other states and its staffing requirements of 3.46 hprd are closer to the 4.1 hprd level recommended by the study for CMS in 2001 and the experts' opinion that the staffing standards should be 4.55 hprd at a minimum. Maine's staffing standards are still below the average 4.1 hprd of actual nursing provided in the US. Because of it's staffing requirements, Maine has had higher quality nursing homes than many other states reported on Medicare Nursing Home Compare.

Maine and many other states have established ratios for its staffing standards (Harrington, 2010). Ratios are important because they are easier to understand and measure than when standards are set in hours per resident day. The ratios allow nursing home providers and consumers to quickly count how many residents each staff member is caring for on each shift. This is important provision that promotes transparency in public reporting as well as staffing accountability.

If Maine were to reduce it's staffing standards and eliminate it's ratio requirements, the quality of care in Maine's nursing homes could dramatically decline in many homes that would take advantage of reduced requirements. Any reduction in Maine's staffing requirements would be a serious step backward.

Sincerely,

Charlene Harrington

Charlene Harrington, Ph.D.
Professor of Sociology

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# NURSING HOME STAFFING STANDARDS IN STATE STATUTES AND REGULATIONS

| State | MINIMUM STAFFING STANDARD FOR SKILLED NURSING OR NURSING FACILITIES | STATE STANDARD: Estimated variance from federal standard for facility with 100 beds | STATE STANDARD: Staffing Standard Citation and URL | Comments |
|---|---|---|---|---|
| ME | **SUFFICIENT STAFF:** to meet the needs of residents as determined by their levels of care..<br><br>**LICENSED STAFF** (RN, LPN/LVN)<br>1 DON RN full-time included in<br>1 RN 8 consecutive hrs, 7 d/wk on Days<br>1 RN/LPN Charge Nurse 7 d/wk on Days<br>For 20+ beds: DON may not be Charge Nurse<br>For 100, 150, 200 etc. beds: add 1 LN for each increment of 50<br>For 100+: for each multiple of 100, the additional LN shall be an RN and<br>1 RN/LPN Eve, on duty 8 hrs every eve. and<br>1 RN/LPN for multiples of 70 beds<br>For 100+: one of additional LNs shall be an RN and<br>1 RN/LPN Night & 1 RN/LPN for multiples of 100<br>For 100+: an RN shall be on duty at night<br><br>**DIRECT CARE STAFF**<br>1:5 ratio Days<br>1:10 ratio Evenings<br>1:15 ratio Nights<br>Include RNs, LPNs, CNAs who provide direct care. | (RN .32)<br><br>LN .56<br><br>DC 2.93<br><br>Total 3.49 | **SAL:** ***Code of ME Rules*** 10-144 *CMR* 110 Ch. 9 Sec. 9.A.3 and 9.A.4. ME Sec of State, Rules By Department: Eff. 2/1/01<br><br>http://www.maine.gov/sos/cec/rules/10/ch110.htm | ***Previous Regulation:*** **SC:** Public Law 1999 Ch. 731 Sec. BBBB -11 Direct care ratios were: Day 1:5 Eve 1:10 and Night 1:18. Passed & Signed 4-25-00. Eff. 10-1-00. http://www.mainelegislature.org/ros/LOM/lom119th/5pub701-750/5Pub701-750-110.htm<br><br>***OnLine Updates:*** Dept. of Health & Human Services (DHHS) Homepage: http://www.maine.gov/dhhs/<br><br>***DHHS Rule Updates:*** http://www.maine.gov/dhhs/dlrs/rulemaking/index.shtml<br><br>***ME Legislative Updates:*** http://www.mainelegislature.org/legis/bills/ |
| MI | **SUFFICIENT STAFF:** to meet the needs of residents.<br><br>**LICENSED STAFF** (RN, LPN/LVN)<br>1 DON RN (with training in gerontology) included in<br>1 RN/LPN 24 hrs/7d/wk<br><br>**DIRECT CARE STAFF**<br>2.25 hprd or ratio of<br>1:8 ratio Days<br>1:12 ratio Evenings<br>1:15 ratio Nights<br>For 30+ beds, exclude time of DON. | (RN .06)<br><br>LN .24<br><br>DC 2.25<br><br>Total 2.31 | **SC:** ***MI Compiled Laws, Public Health Code*** "Act 368 of 1978" Sec. 333.21720a(2) Eff. 3-30-79.<br><br>http://www.legislature.mi.gov/(S(r30sqz452jdpbgzpy3yk0x45))/mileg.aspx?page=getObject&objectName=mcl-333-21720a | ***OnLine Updates:*** For pending legislation, text and status, see MI Legislature homepage: http://www.legislature.mi.gov/(S(zhnvpk55hzqitk4554icfiaz))/mileg.aspx?page=home |

# APPENDIX L

## Office of the State Auditor, Report on Cost of Care

# STATE OF MAINE
# OFFICE OF THE STATE AUDITOR

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AUGUSTA, MAINE 04333-0066

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DIRECTOR OF AUDIT and ADMINISTRATION

October 29, 2013

Mary Mayhew, Commissioner
Department of Health and Human Services
11 State House Station
Augusta, ME 04333-0011

Dear Commissioner Mayhew,

The Office of the State Auditor conducted a limited procedures engagement of the Department of Health and Human Services' computation and application of Cost of Care amounts to provider payments for the nine month period July 1, 2012 to March 31, 2013.

We have completed our report and DHHS has responded to our concerns in writing. These responses have been incorporated into our report and the report is attached to this letter.

Our report will be available on the Office of the State Auditor website at http://www.maine.gov/audit/reports.htm, in the section for Other Reports.

We thank Deputy Director Michael Frey, Director Bethany Hamm, Acting Director of Policy Beth Ketch, Director Stefanie Nadeau, and their staff; as well as the Department of Administrative and Financial Services (DAFS), Office of Information Technology and Department of Health and Human Services Service Center personnel for their assistance during this engagement.

Sincerely,

Pola A. Buckley, CPA, CISA
State Auditor

cc: Honorable Dawn Hill, Chairperson, Appropriations and Financial Affairs
Honorable Margaret Rotundo, Chairperson, Appropriations and Financial Affairs
Honorable Margaret Craven, Chairperson, Health and Human Services
Honorable Richard Farnsworth, Chairperson, Health and Human Services
Honorable H. Sawin Millett, Commissioner, Department of Administrative and Financial Services
Jim Smith, Commissioner, Office of Information Technology
Michael Frey, Deputy Director, DHHS
Herb Downs, Director, DHHS, Division of Audit
Ray Girouard, Director, Department of Administrative and Financial Services, DHHS Service Center
Bethany Hamm, DHHS, Director, Policy and Programs
Beth Ketch, DHHS, Acting Director of Policy
Stefanie Nadeau, Director, DHHS, Office of MaineCare Services

**Office of the State Auditor**
**Report on Limited Procedures Engagement – Cost of Care**
**Report Issued On October 29, 2013**


Summary

The Office of the State Auditor reviewed internal controls over the calculation, application and review of Cost of Care amounts assessed to long term care (LTC) facility residents for the first nine months of fiscal year[1] 2013. The term "Cost of Care" refers to a MaineCare member's personal monthly required contribution towards his or her nursing home (NH) or private non-medical institution (PNMI) facility care. This amount is separately calculated for each resident based on their financial situation. In effect, Cost of Care is a "deductible" that an individual must pay to live in a Long Term Care (LTC) facility. LTC facilities collect this amount directly from residents eligible for the State LTC program, bill MaineCare for the usual and customary charges; and then, the claims processing system, the Maine Integrated Health Management Solution (MIHMS) is supposed to deduct the Cost of Care. LTC providers are required to return overpayments when MIHMS does not make this deduction.

The Office of Family Independence (OFI) coordinates eligibility for the various LTC Assistance Group programs that provide MaineCare benefits for certain Medicaid or state funded coverable group residents; and the Office of MaineCare Services (OMS) is responsible for payments to the NH and PNMI facilities in Maine. The Office of the State Auditor finds that improvements are needed. These needed improvements are identified in this report.

We found that known logical errors in the Automated Client Eligibility System (ACES) frequently cause income and expense information for LTC residents to be incorrect or missing. This results in Cost of Care assessments calculated by ACES to be incorrect. In order to address this, OFI personnel are required to apply "manual workarounds" to correct any errors they find in client case information pertaining to Cost of Care. Test results indicated that OFI staff did not always apply manual fixes correctly; and that other system errors remained undetected by staff altogether.

Furthermore, we found that MIHMS is not appropriately deducting Cost of Care amounts; and system edits were not appropriately set to deny, pend or re-open claims for review in two circumstances. In both circumstances, providers were or would be paid by both the resident and by MIHMS for the same monthly room and board costs. Immediately following is a description of the audit procedures performed, the results of those applied procedures and our conclusions and recommendations.


Range of Estimated Financial Impact

**OFI Assessments**: Total Cost of Care assessed to potential LTC residents for the first nine months of fiscal year 2013 was $89 million. Audit procedures applied to our sample indicated that nine (or, about 15%) of the sixty Cost of Care assessments tested remained in error despite manual correction by OFI staff in some cases. The dollars associated with the 15% error rate were minor because income and expense errors offset each other.

**OMS Payments**: Based on eligibility calculations, the theoretical maximum[2] Cost of Care deduction from LTC provider payments for the first nine months of fiscal year 2013 is $89 million. We estimate that the actual Cost of Care deductions that should have been taken for the first nine months of fiscal year 2013 are $76 million (85%[3] of $89 million). We found that in a sample of sixty randomly selected claims and interim rates set by the Department, providers were overpaid by $16,924 (or about 29%) of the total $57,713 Cost of Care amounts. Twenty-nine percent of $76 million is $22 million, *annualized* this amounts to $29 million. We know that DHHS has some procedures in place to recover these funds since the MIHMS implementation in 2010. However, we believe these procedures are far from adequate and do not address the root causes on a timely basis.

Included in the $16,924 overpayment amount are $6,324 of MIHMS payment processing errors identified in more detail below, for five NH payments and two PNMI facility payments.

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[1] All references to a fiscal year are for the State fiscal year ending June 30.

[2] Not all individuals assessed a Cost of Care amount by OFI reside in a NH or PNMI. Some choose to stay at home, or remain in a hospital or other LTC facility type.

[3] Nine of our original 60 item sample used to test OFI Assessments had to be replaced because they were not yet residing in an NH or PNMI. Therefore, our testing indicates that approximately 15% of individuals for whom a potential Cost of Care was calculated, were not yet residing in a NH or PNMI.

The remaining $10,600 was because Cost of Care was not fully deducted from twenty-two other PNMI claims, or over 75% of the 30 PNMI claims sampled prior to payment. One issue is that although these PNMI payments were for residents eligible for Medicaid, Cost of Care deductions were not applied to all their monthly federal and State charges because such deductions are not allowed by this federal program for residents of PNMI facilities. The other issue is that these PNMI overpayments were primarily due to a nominal amount of $1 per day being paid for room and board on an interim basis until costs are settled annually. Obviously, PNMI providers cannot function on a periodic payment of one dollar per day per resident. Except for the one dollar per day, DHHS classifies the payment as All Inclusive Comprehensive and Other Therapeutic Services, which we find to be misleading, at the least. DHHS has a manual partially effective procedure in place to recover overpayments from these providers. However, MIHMS continues to overpay; OMS continues to seek recoupment from providers; OMS provides some receivable amounts to HHSSC[4] as a limited number of PNMI providers send in payments; OMS continues to track remaining balances and offset amounts; and applicable credits should be applied by HHSSC to the quarterly federal financial report. Some providers are cooperating, and some are not. This "overpay and recover" procedure cannot mitigate the fact that at any given time about $27 million or more of State and federal money is not available for government use. It remains unclear why OMS has assumed sole financial responsibility for these overpayments, rather than with the HHSSC. The Service Center is ultimately responsible for crediting the federal share of these overpayments on the federal CMS-64 reports. This is a serious matter that deserves priority attention by the State.

Background

We originally discovered issues with Cost of Care while auditing Medicaid for fiscal year 2006. These issues might have existed prior to this date. Cost of Care amounts had not been deducted from NH or PNMI facility payments correctly; and the result is that providers were being paid both by the MaineCare member and by MaineCare.

Problems persist in the current MIHMS system.

Procedures

We performed the following procedures[5] for the nine month period ending 3/31/2013:

- reviewed State law pertaining to Cost of Care,
- reviewed relevant sections of the State Medicaid Manual promulgated by the federal government, the MaineCare Eligibility Manual and the MaineCare Benefits Manual,
- evaluated OIT technical design documents that depict how ACES assesses Cost of Care for individuals and related mechanical and human controls,
- evaluated OMS and fiscal agent technical design documents that depict how MIHMS adjudicates Cost of Care for individuals and the related mechanical and human controls,
- determined whether the MIHMS system logic is correct,
- tested the accuracy of a sample of sixty Cost of Care assessments[6] made by ACES for clients that are classified as members of certain DHHS program coverage groups residing in NH and PNMI facilities,
- tested the accuracy and success rate of manual compensating controls[7] over the same sixty Cost of Care assessments,
- tested sixty claim payments to LTC providers to determine whether payments made to providers for monthly resident charges were reduced by Cost of Care amounts[8],
- tested existing compensating controls, such as "pend or deny" edits in MIHMS, that would force resolution of payment errors related to Cost of Care for a sample of sixty NH and PNMI provider payments,
- tested the consistency of eligibility and Cost of Care information from system-to-system (ACES[9] to MIHMS) through the DataHub[10] for a sample of sixty claims,
- reviewed the adequacy of the DHHS process used by a contractor to measure and track the amounts due back from NH facilities that received overpayments because the correct Cost of Care amount was not deducted from payments for monthly resident costs,

[4] HHSSC - Health and Human Services Service Center

[5] not in order of importance

[6] certain types of client income, expenses and allowances are used in this calculation

[7] Part of the typical case management process is for OFI eligibility personnel to determine whether cost of care was computed correctly by ACES for each client, correcting errors as they are encountered and at times in a more directed manner.

[8] Cost of care amounts that should be collected by LTC providers from the clients housed in their facility.

[9] The ACES system electronically transfers cost of care amounts and other eligibility information for each client to the DataHub in an ongoing basis.

[10] The DataHub is Maine's intermediary Health Care Information database system between ACES and MIHMS.

- reviewed the adequacy of the OMS controls in place to measure and track the amounts due back from PNMI facilities that received overpayments because the appropriate Cost of Care amount was not deducted from payments for monthly resident costs, and
- identified other issues that were detected during the audit that pertained to compliance with State law.

Results

Our testing of a sample of 60 randomly selected cases from all clients in a NH or PNMI residence assessed a Cost of Care for the period indicated that ACES incorrectly computed Cost of Care because known system errors caused income or expense information to be incorrect or missing for 13 of the 60 random Cost of Care assessments, as follows:

| Instances | ACES Error Observed |
|---|---|
| 10 | ACES did not include all or part of State Supplement payments[11] as income for SSI clients. |
| 2 | ACES miscalculated the spousal income allocation. |
| 1 | ACES failed to update annual SSI[12] income from SVES[13] since 2009; and to list case on the SVES discrepancy report. |
| 13 | Total |

In response, OFI has established manual workarounds or "fixes" as compensating controls to address such known ACES system design problems in automatically assessing Cost of Care to client cases. Test results indicated; however, that OFI staff did not correctly apply manual fixes or detect system errors for 9 of the 13 system errors, as follows:

| Instances | Errors Observed |
|---|---|
| 3 | ACES did not include all or part of State Supplement payment as income for SSI clients. |
| 6 | OFI personnel did not detect system errors and apply manual fixes to client records. |
| 9 | Total |

Continued on next page...

[11] A standard applies that is established by the State for the total SSI payment. The federal SSI payment and any countable income are deducted from the State standard. The remainder is the State Supplementation. This is typically an additional $10 or $15 per month, but can be as high as $234 in some client cases.

[12] Supplemental Security Income (SSI) guarantees a minimum monthly income to people who are at least 65 years old, or blind, or disabled with limited income and resources.

[13] State Verification and Exchange System

Our testing of a sample of 60 claim payments for the same clients and period tested above, indicated that Cost of Care for 8 (5 NH and 3 PNMI) claims were not correctly deducted from provider payments, because:

| Instances | Errors Observed |
|---|---|
| 4 | Situation No. 1: Claims were found submitted for payment in a manner which could potentially be used to force a payment to be improperly paid from both MaineCare and from the client. We are not disclosing specific details of the issue in this report to avoid the possibility of compromising Department data and resources. However, we have notified appropriate Department management of the specific issues. |
| 4 | Situation No. 2: Retroactive Eligibility Payment Errors - MIHMS system edits were not actively set to reopen four tested claims when retroactive DataHub information was received by MIHMS and caused client Cost of Care and eligibility information to change only after NH or PNMI providers were paid for monthly resident costs. The end result is that the provider is or ultimately will be erroneously paid by both the client and by the State, so the State needs to recover the excess payment from the provider in some manner. A solution[14] to this retroactive Cost of Care and Eligibility assessment dilemma is being developed. |
| 8 | Total |

The results of other tests we performed were not found to be problematic; or will be tested further during our testing of the federal Medicaid program.

Conclusions

We found important opportunities for needed improvement. These opportunities relate to key controls over system functionality and compensating controls that are in place to correct for known system deficiencies.

(1) Known system errors, which occur consistently as ACES computes Cost of Care amounts, must be addressed by the Department. Allowing such errors to continue is inefficient and wasteful of financial and human resources. It creates too many opportunities for human error and testing indicates there is no guarantee that system errors will be detected through manual processes.
(2) Systemic errors (caused by MIHMS and ACES system flaws) are predictable and typically can be resolved once identified. The root causes for MIHMS payment errors we detected were systemic and not isolated in nature, indicating these internal control weaknesses should be addressed by the Department. If not, payment errors and an opportunity for improper activity will continue.
(3) Consistent and meaningful exception review on an ongoing basis would allow for timely detection and tracking of payment errors; and the efficient recovery of overpayments.

Root Causes

Systemic ACES and OFI deficiencies include:

- Known ACES system errors which occur consistently for Cost of Care calculations include:

  (1) SSI recipients: not counting State Supplement payments between $10 and $234 per month as income
  (2) NH residents: miscalculation of the monthly spousal income allocation[15] and daily medical rates
  (3) SSI recipients: not consistently updating all SSI income amounts from SVES
  (4) SSI recipients: not reporting all instances of SVES failure on the SVES discrepancy report
  (5) NH residents: computed spousal income allowance is off by about $33 to $37 per month

- Inefficient compensating controls because OFI personnel need additional training

  Manual recalculations of Cost of Care amounts included arithmetic errors and misunderstandings regarding what client information should be considered when performing these computations. Also, correct procedures were not always followed by OFI staff as they applied manual fixes to ACES records.

[14] TR#5620 - A trouble report (TR) is a system defect that the system contractor must fix for free, without additional negotiated funding.

[15] This known system issue is referred to by OFI as, ACES task #13658.

Systemic MIHMS claim processing errors detected:

- No MIHMS system edit is set to pend or deny claims when they are submitted by a NH or PNMI facility provider in a certain way that we are intentionally not disclosing to protect Department resources

  System edits that could resolve this matter were set to ignore during our testing. In all 4 instances detected within our sample, no Cost of Care amount was deducted from room and board costs prior to payment. The result is that the provider erroneously got paid by both the client and by the State.

- Compensating controls to detect and reopen claims for retroactive Cost of Care or other eligibility changes are insufficient

  Electronic methods to detect instances when DataHub client eligibility and Cost of Care information is received by MIHMS exist only after payments are made are not set to reopen such claims for review by OMS to force resolution. Another 4 of the 60 claims we tested were such instances. It was also discovered that no State personnel were instructed to regularly generate and review exception reports or use other tools that can detect such retroactive eligibility or Cost of Care assessments to force resolution of claims previously paid in error.

- Fractured Communication

  Improvement of cross system communication and review processes should continue to expand the pockets of understanding to a less selective group of personnel within the Department and in certain DAFS[16] entities. The path from eligibility determination to MaineCare provider payments and ultimately to proper financial reporting is complicated involving multiple systems and complex business rules, which requires a large and diverse team of management, program, policy, financial and Information Technology (IT) experts, internal and external to the Department. The decision to outsource payment processing to a fiscal agent and the limitations of State agency resources adds additional complexity to this communications process. While the State and its contractors have developed communication channels, defining all user roles and responsibilities will need to continue in an ongoing basis, unless a more centralized approach to operations is put into place.

Recommendations

We recommend that OFI continue to improve internal controls to ensure that Cost of Care amounts are computed correctly for clients residing in LTC facilities, such as:

- coordinating the remediation of ACES system problems with DAFS - OIT[17],
- continuing their efforts to review and correct client records related to income, expenses, personal needs allowances, and daily medical rates to compensate for ACES deficiencies in computing Cost of Care amounts, and
- providing additional training to staff who must make manual corrections to Cost of Care information in ACES.

We recommend that OMS continue to implement additional controls and system corrections that would allow Cost of Care amounts to be properly deducted from monthly NH and PNMI facility payments. These include:

- directing Molina to activate certain system edits that will cause LTC claims to pend, deny or reopen for manual review prior to paying providers (this will allow for more offsets against future claims),
- assigning more personnel to review exception reports or use other tools to detect and track errors for adjustment against future claims,
- ensuring that an adequate number of staff is assigned to track and manage the significant balances due back to the State from overpaid PNMI facilities, that staff is adequately educated, qualified, and employed on a permanent basis, and

[16] DAFS (Department of Administration and Finances) - HHSSC (Health and Human Services Service Center) and OIT (Office of Information Technology).
[17] Office of Information Technology

- providing comprehensive receivable, payment and offset information to the HHSSC; and consider transferring responsibility for overpayment accounting and collections activities to the HHSSC, subject to internal audit oversight.

Agency Responses

Agency contact, Acting Director of Health Care Management and Policy, OMS.

- The State's Change Management staff is researching a variety of solutions (to the undisclosed situation). No estimated date can be provided for a decision or implementation of a system change. In the interim, we will implement a manual review by State Quality Assurance staff to research and identify claims that meet the (undisclosed) criteria for adjustment. Also, the State is actively involved in a redesign of the reimbursement methodology for Private Non-Medical Institutions.

- Retroactive Cost of Care determinations obviously create collection problems. As was discussed in our 5/29/13 meeting with Molina and State staff, most claims in this situation have finalized before the COC information is received. The State has a dedicated resource who works on COC issues. She does not use the certain report that Molina referred to in our meeting, as we believe other tools are more useful; (but she does use) a different Molina-generated report and coordinates her findings with the State adjustment supervisor. Because your audit did show that our current efforts are incomplete, we will be reconsidering our overall COC review to see where it can be strengthened.

- The Cost of Care process has been corrected for members with Cost Reimbursement Boarding Home (Rate Code 53) coverage.

# APPENDIX M

## Pay for Performance Models, Maine Health Care Association

# Pay for Performance – Considerations for Maine

## Potential Measures

## Staffing

**1.Direct Care Staff Turnover**

- All nursing staff
  - RN
  - LPN
  - CNA

Criteria:

***Achievement*** – Less than ____% (state or national average)

OR

***Improvement*** – ___% reduction in ____ (timeframe)

***Tracking/Reporting Tool***: Advancing Excellence staff turnover tracking tool reported via AE website (define frequency)

***Other state comparisons:***

Colorado – Staff retention rate (excluding NHA and DON) at or above 60% (3 points of 100) & Staff retention improvement (3 points of 100) - A 5% improvement on the staff retention rate per year for facilities with less than a 55% retention rate. Facilities with 60% retention rate or greater must remain consistent from year to year.

Georgia – quarterly average RN/LPN (1 point of 3 required), CNA (1 point of 3 required).

Kansas – staff turnover rate less than/equal to 75$^{th}$ percentile (41%) = $2.50 per diem add-on. Or greater than 75$^{th}$ percentile but reduced more than or equal to 10% = $0.25 per diem add-on.

Indiana – ratio from Medicaid cost reports annually – RN/LPN (3 points of 100) & CNA (3 points of 100).

Oklahoma – retention, % CNA & nurses with 12 mos or more tenure. Minimum 50% CNA's with 12 months or more tenure. Minimum 60% nurses with 12 mos or more tenure.

**2.Staffing Levels (case mix adjusted)**

- RN
- LPN
- CNA

Criteria:

***Achievement*** – More than ____ hours per patient day (state or national average)

OR

***Improvement*** – ___% increase in ____ timeframe

***Tracking/Reporting Tool***: OSCAR data submitted by facility during annual licensing survey (adjust for case mix)

***Other state comparisons***:

Kansas – CMI adjusted staffing ratio greater than or equal to 75$^{th}$ percentile (4.81) = $2.50 per diem add-on. Or less than 75$^{th}$ percentile but improved more than or equal to 10% = $0.25 per diem add-on.

Indiana – nursing hours per resident day weighted by facility specific wage rates by staff type and facility total acuity from Medicaid cost reports (10 points of 100).

Oklahoma – minimum 3.5 hours per patient day required.

## Person Centered Care

### Consistent Assignment

- CNA

Criteria:

***Achievement*** - No more than 12 caregivers per resident in a month for long stay residents and no more than 12 caregivers per resident in a two week period for short stay residents

OR

***Improvement*** – ___% reduction of number of caregivers in ____ timeframe

***Tracking/Reporting Tool***: Advancing Excellence consistent assignment tracking tool reported via AE website

***Other state comparisons***:

Colorado – (6 points of 100) Use AE tool. Measure 4th quarter. Rewarded for 50% or 80% consistent assignments.

Oklahoma –meets AE criteria.

## Satisfaction

**1.Resident Satisfaction**

- Overall recommendation score
- Response rate

Criteria:

***Achievement*** – More than ___% (state or national average)

OR

***Improvement*** – ___% increase in ____ timeframe

***Tracking/Reporting Tool***: MyInnerView survey

***Other state comparisons***:

Colorado: (Pre-requisite) Survey must be developed, recognized, and standardized by an entity external to the facility. Must be administered on an annual basis with results tabulated by an agency external to the facility.

Indiana: face to face survey of sample of nursing home residents conducted by independent organization using valid and reliable, publicly available survey instrument (12 points of 100).

Oklahoma – Oklahoma Health Care Authority Focus on Excellence survey, combined score of 72 on 100 point scale.

**2.Family Satisfaction**

- Overall recommendation score
- Response rate

Criteria:

***Achievement*** – More than ___% (state or national average)

OR

***Improvement*** – ___% increase in ____ timeframe

***Tracking/Reporting Tool***: MyInnerView survey

***Other state comparisons***:

Colorado: (Pre-requisite) Survey must be developed, recognized, and standardized by an entity external to the facility. Must be administered on an annual basis with results tabulated by an agency external to the facility.

Georgia – Score for "would you recommend this facility" % excellent and % good to meet or exceed state average of 85% combined (1 point of 3 required). Quarterly review.

Indiana: Mail out or online survey of representative sample of nursing home family members conducted by independent organization using valid and reliable, publicly available survey instrument (9 points of 100).

Oklahoma – Oklahoma Health Care Authority Focus on Excellence survey, combined score of 72 on 100 point scale.

## Quality Program Participation

### Advancing Excellence (AE) Campaign in America's Nursing Homes

Criteria:

***Achievement*** – Registered, two goals selected & participating by entering data on AE website for two goals monthly for six consecutive months

OR

***Improvement*** – Registered, two goals selected & participating by entering data on AE website for one goal monthly for six consecutive months

***Tracking/Reporting Tool***: AE website report

***Other state comparisons:***

Colorado: (1 point) Participation in AE campaign

## Quality Measures

**1.Pain**

- Percent of short stay residents who self-report moderate to severe pain
- Percent of long stay residents who self-report moderate to severe pain

Criteria:

***Achievement*** – Less than ____% (state or national average)

OR

***Improvement*** – ___% reduction in ____ (timeframe)

***Tracking/Reporting Tool:*** Quality Measures report

***Other state comparisons:***

Colorado – Long stay 6.3 or less (5 points), Greater than 6.3 but less than or equal to 9.9 (3 points)

Georgia – (1 point)

**2.Antipsychotic medication**

- Percent of short stay residents who newly received an antipsychotic medication
- Percent of long stay residents who received an antipsychotic medication

Criteria:

***Achievement*** – Less than ____% (state or national average)

OR

***Improvement*** – ___% reduction in ____ (timeframe)

***Tracking/Reporting Tool:*** Quality Measures report

***Other state comparisons:***

Colorado – 8.7 or less (5 points), Greater than 8.7 but less than or equal to 11.3 (3 points)

# APPENDIX N

## Testimony from Leo J. Delicata, Legal Services for the Elderly

# LEGAL SERVICES FOR THE ELDERLY, INC.

136 U.S. Route 1, Scarborough, Maine 04074
(207) 396-6502 • 1-800-427-7411 • Fax (207) 883-8249 • TTY (207) 883-0532
*Offices in Augusta, Bangor, Lewiston, Portland, and Presque Isle*
•••
LSE Hotline 1-800-750-5353 (Voice/TTY)
www.mainelse.org


Statement of Leo J. Delicata, Esq, Legal Services for the Elderly to the Commission to Study Long-term Care Facilities on November 15, 2013

Co-chairpersons Senator Craven and Representative Stuckey, and members of the Commission,

On behalf of Legal Services for the Elderly I would like to offer a general comment about your draft recommendations and a specific comment about the staffing issue.

Most of the draft recommendations are premised on a conclusion that MaineCare payments to nursing facilities are inadequate and have been so for many years. We agree with this conclusion.

The facts are simple enough. Tough economic times caused a policy change that significantly reduced the number of nursing facilities. Changes to the MaineCare principles of reimbursement ensured a system of underfunding for the remaining facilities. Ultimately this caused a shift to other payment sources with a resulting reduction of access for MaineCare eligible consumers. Over time, payments from those other sources have been reduced or in some cases virtually eliminated depending on the size and location of the particular facility. Many nursing facilities are now challenged to continue providing quality care. Indeed, some are in danger of ceasing to provide care altogether. We agree that it is time to address this general lack of adequate funding. We support all of the draft recommendations of this Commission in this regard and applaud your effort to begin the process of making the changes necessary to appropriately fund this important level of care.

With respect to the staffing recommendation, we agree with the recommendation not to change the current minimal staffing ratios. At the same time we do not believe that these minimums ensure quality of care or

that they adequately promote quality of life as required by the Nursing Home Reform Act of 1987. They should do both.

We understand that many facilities staff beyond the numbers required by our regulations. Many others are not able to do so because of financial challenges. As was suggested several times by several commissioners it is not the lack of will that is a barrier to better staffing it is truly a matter of money. If the economic issues are successfully addressed as proposed by this Commission, the shared expectation of providers and consumers should be that the current staffing standards will also be significantly improved. The future system of reimbursement must include enough funding to enable all facilities to staff at a level that makes the promise of quality of care and quality of life a reality for all nursing facility residents. Otherwise this level of care will become more unavailable and more problematic for the residents of our State.

We commend the Commission for the number of issues that you discussed throughout the course of your sessions. We also recognize and appreciate the range and depth of your discussion on many of those issues. As someone who represents many older consumers of long-term care services, I personally thank you for the time and effort that you devoted to the work of this Commission. The residents of nursing facilities are among the most physically and mentally challenged in our State and your discussions were ultimately about improving their lives and the lives of those who love them. We hope that your recommendations are accepted and that the funding necessary to make them a reality will be a high priority for all.

Thank you for giving me this opportunity to provide this statement.

Leo J.Delicata, Esq

# APPENDIX O

## Department of Health and Human Services calculation for increased reimbursement for high Medicaid utilization

Calculation of adding $.20 per day to NF reimbursement for high Mediciaid utilization

The attached work papers ESTIMATES the amount of funds needed to pay ALL NF, RURAL NF and URBAN NF providers an added cost per MaineCare resident day for each percentage point above a certain threshold.

There are 3 TABS: ALL NFs, RURAL ONLY, and URBAN ONLY

The percentage used to compare to the threshold percentages is the ratio of State to Total resident days. (State = MaineCare)

The percentages are 70%, 75%, 80% and 85%.

There are four (4) estimates involved:

1. $0.20 for each percentage point greater than 70%
   (see columns 9 and 10)
2. $0.20 for each percentage point greater than 75%
   (see columns 11 and 12)
3. $0.20 for each percentage point greater than 80%
   (see columns 13 and 14)
4. $0.20 for each percentage point greater than 85%
   (see columns 15 and 16)

**Based on this ESTIMATE**

The cost (state and federal combined) would be APPROXIMATELY:

| | ALL NF's | RURAL | URBAN |
|---|---|---|---|
| Greater than 70% is | $1,452,201 | $753,414 | $698,787 |
| Greater than 75% is | $734,655 | $407,400 | $327,255 |
| Greater than 80% is | $254,083 | $165,388 | $88,695 |
| Greater than 85% is | $101,669 | $67,141 | $34,528 |

**ESTIMATED DATA ****

*** Data Source: As filed cost report data. Some of the data may be derived from cost reports prior to being "accepted". Sometimes data changes through the cost report acceptance process.*

The cost (state funds only) would be APPROXIMATELY:

| | ALL NF's | RURAL | URBAN |
|---|---|---|---|
| Greater than 70% is | $390,787 | $202,744 | $188,044 |
| Greater than 75% is | $197,696 | $109,631 | $88,064 |
| Greater than 80% is | $68,374 | $44,506 | $23,868 |
| Greater than 85% is | $27,359 | $18,068 | $9,291 |

# APPENDIX P

## Maine Health Care Association calculations for increased reimbursement models

| | | | | |
|---|---|---|---|---|
| High MaineCare Facilities Supplement | $ | 2,881,190 | $ | 2,881,190 |
| Rebasing Routine Component to 110% | $ | 9,835,382 | $ | 9,835,382 |
| Rebasing Direct Component to 110% | $ | 15,695,158 | $ | - |
| Rebasing Direct Component at actual cost | $ | - | $ | 18,181,159 |
| 2% COLA in 2014 | $ | 4,254,079 | $ | 4,254,079 |
| Total | $ | 32,665,809 | $ | 35,151,810 |
| ACA Complianace as a fixed cost (2015) | ? | | ? | |
| State Share Only (37%) | $ | 12,086,349 | $ | 13,006,170 |

# APPENDIX Q

**Office of Policy and Legal Analysis, memo pay for performance program, Kristin Brawn**

**OPLA RESEARCH REQUEST MEMO**

To: Jane Orbeton, Senior Legislative Analyst
From: Kristin Brawn, Legislative Researcher
Date: December 2, 2013
RE: State Medicaid Pay-for-Performance Programs in Long-Term Care

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Hi Jane,

You asked me to research Medicaid pay-for-performance programs in nursing homes for other states, in particular, the reimbursement mechanism for those programs. I contacted NCSL to see if they had any information, and they are currently researching the information, as they didn't have anything readily available. My contact at NCSL sent me a few articles regarding pay-for-performance programs in nursing homes, which I have summarized below. I am also attaching a comparison table of state Medicaid pay-for-performance programs in nursing homes, which I compiled from the articles I received from NCSL and my own online research.

## Summaries of Nursing Home Pay for Performance Program Articles

**Miller, E.A. and Doherty, J. Pay for Performance in Five States: Lessons for the Nursing Home Sector. *Public Administration Review*. 73(S1):S153-S163, 2013.**

- Examines pay-for-performance in five Medicaid nursing programs: IA, MN, OK, UT and VT.
- To minimize the risk of provider opposition and to promote long-term sustainability, states should consider using "new" dollars to fund pay-for-performance rather than reallocating existing dollars.
- Use of a range of measures is preferred because it spreads the risk of poor performance across multiple dimensions, thereby minimizing the chances of unduly penalizing providers that perform well overall while reducing the chances that providers might gain rewards by focusing on a single quality dimension to the exclusion of others; it also minimizes the risk of gaming or outright fraud.
- Key to gaining stakeholder acceptance and therefore the chances of program success is engaging industry and other stakeholder representatives early on and throughout the pay-for-performance design and adoption process.
- The composite score approach is generally preferred because it evaluates and allocates rewards on the basis of each facility's actual performance while simplifying the calculation and reporting of program outcomes compared to systems that do so separately for each individual measure.
- To incentivize low- and middle-level performers while also rewarding good performers, states could reward relative improvement and procedural advances, as well as absolute performance.
- Minimizing the administrative burdens associated with the adoption of P4P is particularly important, including permitting providers to use existing data systems to report performance where appropriate.
- State subsidization of the additional data collection costs, say, by contracting with a vendor, would likely reduce provider resistance while promoting systematic compilation and assessment of the data recorded.
- The fixed per diem add-on approach is preferred because it is dependent exclusively on the basis of facility performance rather than on how much money facilities happen to be paid.
- States should build in flexibility to provide state officials with opportunities to adjust pay-for-performance programs, thereby enabling both facilities and the state to take advantage of new knowledge and experience to improve program effectiveness.
- Phasing in pay for performance slowly, beginning with performance measurement, followed by public report cards and, finally, introducing pay-for-performance incentives, maximizes opportunities

for stakeholder acceptance and learning. Moreover, an emphasis on measurement ensures that facilities have access to important performance data; provides richer data for report cards and state-level quality monitoring; and, where funding for pay for performance is available, provides a fair basis for distributing incentive payments.

**Werner, R.M., Konetzka, R.T., and Liang, K. The Effect of Pay-for-Performance in Nursing Homes: Evidence from State Medicaid Programs. *Health Services Research*. 48(4):1393-1414, August 2013.**

- Most states use a payment model based on a point system that is translated into per diem add-ons.
- Quality improvement under pay-for-performance was inconsistent. While three clinical quality measures (the percent of residents being physically restrained, in moderate to severe pain, and developed pressure sores) improved with the implementation of pay-for-performance in states with pay-for-performance compared with states without pay-for-performance, other targeted quality measures either did not change or worsened. Of the two structural measures of quality that were tied to payment (total number of deficiencies and nurse staffing) deficiency rates worsened slightly under pay-for-performance while staffing levels did not change.
- Medicaid-based pay-for-performance in nursing homes did not result in consistent improvements in nursing home quality. Expectations for improvement in nursing home care under pay-for-performance should be tempered.
- The incentives themselves may have been too small to effectively motivate changes in performance, particularly for the measures of staffing as staffing increases are very costly.
- There may be ways to get more of a return without increasing the size of the reward. Most nursing homes received annual bonuses for their performance. However, more frequent feedback on performance in the form of quarterly or even monthly payments may increase attention to performance in these areas because it provides frequent positive reinforcement.
- Another reason the current pay-for-performance programs may have failed to consistently achieve quality improvement is that the incentives were paid to the nursing home, rather than to the individual staff members.

**Miller, S.C., Looze, J., Shield, R., Clark, M.A., Lepore, M., Tyler, D., Sterns, S., and Mor, V. Culture Change Practice in U.S. Nursing Homes; Prevalence and Variation by State Medicaid Reimbursement Policies. *The Gerontologist*. Mar. 20, 2013.**

- In 2009-10, a survey was conducted of a stratified proportionate random sample of nursing home directors of nursing and administrators at 4,149 U.S. nursing homes; contact achieved with 3,695.
- 85% of directors of nursing reported some culture change implementation.
- Controlling for nursing home attributes, a $10 higher Medicaid rate was associated with higher nursing home environment scores.
- Compared with nursing homes in non-pay-for-performance states, nursing homes in states with pay-for-performance including culture change performance had twice the likelihood of superior culture change scores across all domains, and nursing homes in other pay-for-performance states had superior physical environment and staff empowerment scores.
- Changes in Medicaid reimbursement policies may be a promising strategy for increasing culture change practice implementation. Future research examining nursing home culture change practice implementation pre-post pay-for-performance policy changes is recommended.

## Comparison of State Medicaid Pay-for-Performance Programs for Nursing Homes

According to an article on the Kaiser Health News website (http://www.kaiserhealthnews.org/stories/2012/august/15/ohio-medicaid-nursing-homes.aspx), there are currently 10 states with nursing home pay-for-performance programs. There are also two states (VA and IN) with proposed programs, and two states (MD and TX) have received legislative approval for nursing home pay-for-performance programs. The 10 states with active nursing home pay-for-performance programs are listed in the table below.

| | Use Performance Measures? | Incentive Payment |
|---|---|---|
| **California**<br>Skilled Nursing Facility Quality and Supplemental Payment System<br>(Welfare and Institutions Code §14126.022) | Yes | Supplemental payments; amount is not specified |
| **Colorado**<br>Nursing Facility Pay for Performance Program<br>(CO Department of Health Care Policy and Financing, 2012) | Yes | Per diem add-on<br>$1.00 - $4.00 per day, depending on points awarded |
| **Georgia**<br>Nursing Home Quality Incentive Program<br>(Briesacher et al., 2009) | Yes | Per diem add-on<br>1% of per diem rate |
| **Iowa**<br>Nursing Facility Pay-for-Performance Program<br>(Admin. Code §81.6(16)(g) | Yes | Per diem add-on<br>1%-5% of the direct care plus non-direct care cost component patient-day-weighted medians, depending on points awarded |
| **Kansas**<br>Nursing Facility Quality and Efficiency Outcome Incentive Factor<br>(Briesacher et al., 2009) | Yes | Per diem add-on<br>$1.00 - $3.00 per day |
| **Nevada**<br>Supplemental Payment to Free-Standing Nursing Facilities<br>(NV State Plan, Attachment 4.19-D) | Yes | Per diem add-on<br>50% of supplemental payment is based on Medicaid occupancy, MDS accuracy and quality measures |
| **Ohio**<br>Long-Term Care Quality Initiative<br>(OH Revised Code §§5165.15 and 5165.25) | Yes | Per diem add-on<br>$3.29 - $16.44, depending on points awarded |
| **Oklahoma**<br>Focus on Excellence<br>(Briesacher et al., 2009; Miller and Doherty, 2013) | Yes | Per diem add-on<br>1%-5% ($1.09-$5.45) of per diem rate, depending on points awarded |
| **Utah**<br>Nursing Home Quality Improvement Initiative<br>(Briesacher et al., 2009; Miller and Doherty, 2013) | Yes | Per diem add-on<br>$0.50-$0.60 per patient per day |
| **Vermont**<br>(Werner et al., 2010; Miller and Doherty, 2013) | Yes | Bonuses not based on per diem add-ons<br>Each facility that qualifies for a bonus payment receives $25,000<br>To be eligible, facilities must be deficiency free on most recent health and fire safety inspection survey and participate in the Gold Star Employer Program |

**Sources:**


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