

**Minimum Data Set (MDS) for Home Care Score for Behavior/Function over past 7 days Auth (Combo) Tracking #\_**

Member Name \_\_\_\_\_ Date of request: \_\_\_\_\_

Neighborhood ID Number \_\_\_\_\_ Agency \_\_\_\_\_

Agency NPI \_\_\_\_\_ RN Signature \_\_\_\_\_ Date of RN Assessment \_\_\_\_\_

**Section B: Cognitive Patterns**

- |   |   |                      |
|---|---|----------------------|
| 1. Memory                                     | Short Term Memory appears OK- Seems to recall after 5 minutes. 0- Memory OK 1- Memory Problem   | <input type="text"/> |
| 2. Cognitive Skills for Daily Decision Making | How well the client made decisions about organizing the day (e.g. when to get up or have meals, which clothes to wear)<br>0- Independent — decisions consistently reasonable 1- Modified Independence — some difficulty in new situations<br>2- Moderately Impaired — decisions poor, cues/supervision needed 3- Severely Impaired — never/rarely makes decisions | <input type="text"/> |
| 3. Indicators of Delirium                     | a. Sudden or new onset/change in mental function (including ability to pay attention, awareness of surroundings, coherency)<br>0- No 1- Yes   | <input type="text"/> |
|   | b. in the last 90 days, client has become disoriented or agitated such that his/her safety is endangered or client requires protection by others.<br>0- No 1- Yes   | <input type="text"/> |

**TOTAL COGNITIVE (31, 2 and 3)** \_\_\_\_\_

**Section EI Mood and Behavior Patterns**

- |  |  |   |
|--|--|---|
| 1. Indicators of depression, anxiety, sad mood   | Indicators observed in the last 30 days regardless of cause. 0 Indicator not exhibited in the last 30 days<br>1 Indicator exhibited up to 5 times each week<br>2 Indicator of this type exhibited daily (6 or more times weekly) |   |
| a. A feeling of sadness or being depressed, that life is not worth living, that nothing matters, that he/she is of no use to anyone or would rather be dead. | <input type="text"/>   | e. Repetitive, anxious complaints/concerns — e.g. persistently seeks attention/reassurance regarding schedules, meals, relationships <input type="text"/> |
| b. Persistent anger with self or others — e.g. easily annoyed, anger at care received.   | <input type="text"/>   | f. Sad, pained, worried facial expressions — e.g. furrowed brow <input type="text"/>  |
| c. Expressions of what seem to be unrealistic fears (of being abandoned, etc.)   | <input type="text"/>   | g. Recurrent crying/tearfulness <input type="text"/>  |
| d. Repetitive health complains — e.g. obsessive concern w/ body functions, health  | <input type="text"/>   | h. Withdrawal from activities of interest <input type="text"/>  |
|  |  | i. Reduced social interaction <input type="text"/>  |

**TOTAL MOOD (EI, a-i)** \_\_\_\_\_

**Behavior Patterns**

- |   |  |  |
|---|--|--|
| 2. Behavioral Symptoms  | Exhibited in the past seven days<br>0 Did not occur in the past seven days<br>1 Occurred, easily altered<br>2 Occurred, not easily altered |  |
| a. Wandering (moved with no rational purpose)                         | <input type="text"/>   | b. Verbally Abusive Behavior (threatened, cursed at others) <input type="text"/>   |
| c. Physically Abusive Behavior (to self or others)                    | <input type="text"/>   | d. Socially Inappropriate/Disruptive Behavior (smears, throws body feces, screams, disrobing in public) <input type="text"/> |
| e. Aggressive Resistance of Care (Threw meds, pushed caregiver, etc.) | <input type="text"/>   |  |
| 3. Changes in Behavior  | Behavioral symptoms have become worse over the past 30 days. 0- No 1- Yes  | <input type="text"/>   |

**TOTAL BEHAVIOR (E 2, 3)** \_\_\_\_\_

**Minimum Data Set (MDS) for Home Care**

**Member Name:** \_\_\_\_\_

**Section H: Physical Functioning**

1. Activities of Daily Living (ADLs) (Consider all instances over past seven days)

- 0 Independent — No help or oversight, OR help/oversight provided only 1 or 2 times over past week
- 1 Supervision — Oversight or cueing provided 3 or more times, possible physical assistance less than 3 times
- 2 limited Assistance — Client highly involved in activity, received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3 or more times.
- 3 Extensive Assistance — Client participated, but weight bearing support OR full assistance given three or more times
- 4 Total Dependence — Full performance of activity by another over entire seven days
- 5 Activity did not occur over entire seven days regardless of ability

a. Mobility in Bed	Moving to and from lying position, turning and positioning body in bed	<input style="width: 100%;" type="text"/>
b. Transfer	To and between surfaces — bed, chair, standing position (excluding bathroom transfers)	<input style="width: 100%;" type="text"/>
c. Locomotion in Home	If in wheelchair, self-sufficiency once in chair	<input style="width: 100%;" type="text"/>
d. Dressing	Includes laying out clothes, retrieving from closet, putting on and taking off	<input style="width: 100%;" type="text"/>
e. Eating	Include taking in food by any method including tube-feeding	<input style="width: 100%;" type="text"/>
f. Toileting	include using toilet, commode, bedpan, urinal, catheter, transfers, cleaning self and managing clothing	<input style="width: 100%;" type="text"/>
g. Personal Hygiene	Combing hair, brushing teeth, washing face and hands, shaving	<input style="width: 100%;" type="text"/>
2. Bathing	Include shower, sponge bath, tub bath	<input style="width: 100%;" type="text"/>
3. Locomotion	0 No assistive device 1 Cane 2 Walker/Crutch 3 Scooter 4 Wheelchair 5 Activity does not occur	<input style="width: 100%;" type="text"/>
	a. Indoor Locomotion	<input style="width: 100%;" type="text"/>
	b. Outdoor Locomotion	<input style="width: 100%;" type="text"/>

**TOTAL ADLS (H 1 2 3)** \_\_\_\_\_

Instrumental Activities of Daily Living (IADLs) —Code for functioning in everyday activities in the home

*Melts Self-Performance Code Independent—*

*did on own (I)*

*Some Help — Help some of the time (SH) Full*

*Help — Needs some help all the time (FH) By*

*Others —Always performed by others (BO)*

*Activity did not occur (NA)*

		Performance
a. Meal Preparation	Planning, cooking and set-up Dusting,	<input style="width: 100%;" type="text"/>
b. Ordinary Housework	making bed, laundry, tidying	<input style="width: 100%;" type="text"/>
c. Managing Finances	Pay bills, balance checkbook	<input style="width: 100%;" type="text"/>
d. Managing Medications	Remembering, correct doses, ointments, injections, opening containers	<input style="width: 100%;" type="text"/>
e. Phone Use	How made or received, finding numbers	<input style="width: 100%;" type="text"/>
f. Shopping	Food, household goods	<input style="width: 100%;" type="text"/>
g, Transportation	Medical and Social events	<input style="width: 100%;" type="text"/>

**(NO SCORE — FOR INFORMATIONAL PURPOSES ONLY)**

**FAX completed forms to: ATTENTION: Utilization Department at (401) 459-6023**

## Member Acuity

Enhanced Reimbursement: \$1.00 per hour of Combined Personal Care/Home Maker Services. Services provided to a member assessed as being high acuity by the agency Registered Nurse based on sections of the Minimum Data Set (MDS) for Home Care.

Qualifications: A client is considered high acuity if they receive a following minimum score by an agency Registered Nurse in one area:

- a. "5" on Section B, Items 1, 2, and 3, OR
- b. "16" on Section E, Item 1, OR
- c. "8" on Section E, Items 2 and 3, OR
- d. "36" on Section H, Items 1,2 and 3

Or, if they receive the following minimum scores in two or more areas:

- a. "3" on Section B, Items 1, 2 and 3
- b. "8" on Section E, Item 1
- c. "4" on Section E, Items 2 and 3
- d. "18" on Section H, Items 1, 2 and 3

The agency must collect and submit this data to Neighborhood's Utilization Department (UM) Department on all Integrity members in order to receive the enhancement for those with high acuity.

How to Receive Enhancement: Submit the MDS form on all high acuity eligible Integrity members, directly to Neighborhood's UM Department. For the members who meet the minimum criteria described above, an authorization will be entered into the system upon receipt of the completed MDS form. The MDS Home Care Form is also available online on the Neighborhood website at:

*Providers/Resources and FAQs/Medical Services -Medical Management Request Forms*

All MDS forms must be signed by an R.N., dated, and totaled for each section. Neighborhood's Medical Management Department will be responsible for the monitoring and oversight of this enhanced service.

Claims submitted for members meeting the acuity standard should be billed at the correct amount with the modifier "U9".

Note: Some claims may have two modifiers if the client meets the high acuity determination and the service is provided evenings, nights, weekends or holidays.

Necessary Forms: The MDS Home Care form only applies to Integrity members .

Monitoring Method: Neighborhood's UM staff will enter the necessary member information from the MDS forms into the electronic member record system for those members meeting high acuity criteria. This will allow the enhanced payment to be paid only on the appropriate claims. Medical Management staff will review and monitor the MDS data and member assessments, as necessary.