



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Quarterly MDS Forum

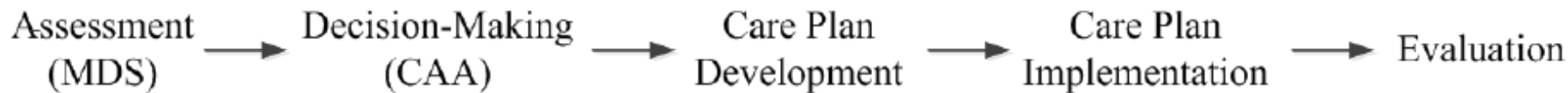
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Care Area Assessment (CAA)

CAA Process:

- Provides guidance to focus on key issues identified in the comprehensive MDS
- Directs staff to evaluate triggered areas
- Covers most care areas problematic to residents



Care Area Assessment (CAA)

Interdisciplinary Team (IDT)

- Identifies care areas for assessment
- Identifies relevant info on status
- Obtains input from resident, family and/or rep
- Decides whether to develop care plan for each area

Care Area Assessment (CAA)

Use item V0100 to compare current and past assessment to determine if:

- Status improved or declined
- Decline avoidable or unavoidable
- Facility took appropriate steps to address change in status

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

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

Enter Code

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

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

Enter Code

01. 5-day scheduled assessment
08. IPA - Interim Payment Assessment
99. None of the above

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

- -
Month Day Year

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

Enter Score

E. Prior Assessment Resident Mood Interview (PHQ-2 to 9©) Total Severity Score (D0160 value from prior assessment)

Enter Score

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

Enter Score

Care Area Assessment (CAA)

1. Perform the MDS (collection of basic physical and functional information about residents)
2. Identify actual or potential areas of concern (CATs)
3. Develop a care plan that addresses these factors with the goal of promoting the resident's highest practicable level of functioning

Care Area Assessment (CAA)

Tools

- Appendix C (CAA resources)
- Appendix G (references)
- [Clinical resource center \(CRC\)](#)

Care Area Modules:

- Challenging Behaviors
- Chronic Obstructive Pulmonary Disease (COPD)
- Dementia
- Depression
- Diabetes Management
- Falls & Fall Risk
- Infection
- Nutrition & Hydration
- Pain Management
- Person-Centered Care
- Pressure Injury Prevention & Treatment
- Restraints
- Transitions in Care
- Urinary & Bowel Incontinence

Care Area Assessment (CAA)

Delirium

C1310. Signs and Symptoms of Delirium (from CAM©)

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

A. Acute Onset Mental Status Change

Enter Code

1

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

- 0. No
- 1. Yes

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

1

B. **Inattention** - Did the resident have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?

2

C. **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)?

0

D. **Altered Level of Consciousness** - Did the resident have altered level of consciousness, as indicated by any of the following criteria?

- **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

Care Area Assessment (CAA)

Delirium

Triggering Conditions (any of the following):

1. Symptoms of delirium are indicated by the presence of an acute mental status change and/or the presence of inattention, disorganized thinking or altered mental status on the current non-admission comprehensive assessment (A0310A = 03, 04 or 05) as indicated by:

(a)

C1310A = 1

AND

C1310B = 1 or 2

AND EITHER

C1310C = 1 or 2 OR C1310D = 1 or 2

(b)

C1310B, C1310C or C1310D = 2

AND

C1310B = 1 or 2

AND EITHER

C1310C = 1 or 2 OR C1310D = 1 or 2

Delirium – Appendix C

✓	Changes in vital signs compared to baseline	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
<input type="checkbox"/>	Temperatures 2.4 ⁰ F higher than baseline or a temperature of 100.4 ⁰ F (38 ⁰ C) on admission prior to establishment of baseline. (J1550A)	On 2/20/24, pulse was 110, respirations were 27, and BP was 90/60. Baseline pulse is 88, respiration is 20, and BP is 110/70. See VS log in EHR.
<input checked="" type="checkbox"/>	Pulse rate less than 60 or greater than 100 beats per minute	
<input checked="" type="checkbox"/>	Respiratory rate over 25 breaths per minute or less than 16 per minute (J1100)	
<input type="checkbox"/>	Hypotension or a significant decrease in blood pressure: (I0800)	
<input type="checkbox"/>	• Systolic blood pressure of less than 90 mm Hg. OR	
<input checked="" type="checkbox"/>	• Decline of 20 mm Hg or greater in systolic blood pressure from person's usual baseline. OR	
<input type="checkbox"/>	• Decline of 10 mm Hg or greater in diastolic blood pressure from person's usual baseline. OR	
<input type="checkbox"/>	Hypertension - a systolic blood pressure above 160 mm Hg. OR a diastolic blood pressure above 95 mm Hg (I0700)	

Delirium – Appendix C

✓	Abnormal laboratory values	Supporting Documentation
<input checked="" type="checkbox"/>	• Electrolytes, such as sodium	On 2/20/2024 NA level was 155. Normal range is between 125-145. See labs section in paper chart.
<input type="checkbox"/>	• Kidney function	
<input type="checkbox"/>	• Liver function	
<input type="checkbox"/>	• Blood sugar	
<input type="checkbox"/>	• Thyroid function	
<input type="checkbox"/>	• Arterial blood gases	
<input type="checkbox"/>	• Other	
✓	Pain	Supporting Documentation
<input type="checkbox"/>	• Pain CAA triggered (J0100, J0200) [review findings for relationship to delirium (C1310)]	
<input type="checkbox"/>	• Pain frequency, intensity, and characteristics (time of onset, duration, quality) (J0410, J0600, J0800, J0850) indicate possible relationship to delirium (C1310)	
<input type="checkbox"/>	• Adverse effect of pain on function (J0510, J0520, J0530) may be related to delirium (C1310)	

Delirium – Appendix C

✓	Diseases and conditions (diagnosis/signs/symptoms)	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
<input type="checkbox"/>	<ul style="list-style-type: none"> • Circulatory/Heart <ul style="list-style-type: none"> — Anemia (I0200) — Cardiac dysrhythmias (I0300) — Angina, Myocardial Infarction (MI) (I0400) — Atherosclerotic Heart Disease (ASHD) (I0400) — Congestive Heart Failure (CHF) pulmonary edema (I0600) — Cerebrovascular Accident (CVA) (I4500) — Transient Ischemic Attack (TIA) (I4500) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> • Respiratory <ul style="list-style-type: none"> — Asthma (I6200) — Emphysema/Chronic Obstructive Pulmonary Disease (COPD) (I6200) — Shortness of breath (J1100) — Ventilator or respirator (<i>O0110F1</i>) — Respiratory Failure (I6300) 	

Delirium – Appendix C

<input type="checkbox"/>	<ul style="list-style-type: none"> • Infectious <ul style="list-style-type: none"> — Infections (I1700–I2500, <i>M1040A</i>) — Isolation or quarantine for active infectious disease (<i>O0110M1</i>) 	<p>Intake monitoring from 2/1 through 2/20 show an average of 1500cc/day found in I&O log in paper chart. NA is also elevated. See lab work dated 2/20/24 in paper chart. Resident is flagging in the MDS in section J1550C for fluid intake and abnormal labs.</p>
<input type="checkbox"/>	<ul style="list-style-type: none"> • Metabolic <ul style="list-style-type: none"> — Diabetes (I2900) — Thyroid disease (I3400) — Hyponatremia (I3100) 	
<input type="checkbox"/>	• Gastrointestinal bleed	
<input type="checkbox"/>	• Renal disease (I1500), Dialysis (<i>O0110J1–3</i>)	
<input type="checkbox"/>	• Hospice care (<i>O0110K1</i>)	
<input type="checkbox"/>	• <i>Terminal condition (J1400)</i>	
<input type="checkbox"/>	• Cancer (I0100, <i>O0110A1–10, O0110B1</i>)	
<input checked="" type="checkbox"/>	• Dehydration (J1550C, clinical record)	
<input checked="" type="checkbox"/>	Signs of Infection	Supporting Documentation
<input type="checkbox"/>	• Fever (J1550A)	
<input type="checkbox"/>	• Cloudy or foul smelling urine	
<input type="checkbox"/>	• Congested lungs or cough	
<input type="checkbox"/>	• Dyspnea (J1100)	
<input type="checkbox"/>	• Diarrhea	
<input type="checkbox"/>	• Abdominal pain	
<input type="checkbox"/>	• Purulent wound drainage	
<input type="checkbox"/>	• Erythema (redness) around an incision	

Delirium – Appendix C

		Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
✓	Indicators of Dehydration	
✗	<ul style="list-style-type: none"> Dehydration CAA triggered, indicating signs or symptoms of dehydration are present (J1550C) 	Dehydration was triggered on the SCSA assessment with ARD of 2/20/24. CNA documentation describes urine to dark and odorous from observations dated 2/1/24 through 2/20/24 found in EHR CNA charting. Per MAR, MD ordered Lasix 60mg daily on 12/20/23 for edema to LE's.
✗	<ul style="list-style-type: none"> Recent decrease in urine volume or more concentrated urine than usual (<i>Intake and Output</i>) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Recent decrease in eating habits – skipping meals or leaving food uneaten, weight loss (K0300) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Nausea, vomiting (J1550B), diarrhea, or blood loss 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Receiving intravenous drugs (<i>O0110H1</i>) 	
✗	<ul style="list-style-type: none"> Receiving diuretics or drugs that may cause electrolyte imbalance (<i>N0415G1</i>) 	
✓	Functional Status	Supporting Documentation
<input type="checkbox"/>	<ul style="list-style-type: none"> Recent decline in <i>functional abilities</i> status (<i>GG0130, GG0170</i>) (may be related to delirium) (C1310) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Increased risk for falls (J1700–<i>J1900</i>) (may be related to delirium) (see Falls CAA) 	

Delirium – Appendix C

✓	Medications (that may contribute to delirium)	Supporting Documentation
✖	<ul style="list-style-type: none"> • New medication(s) or dosage increase(s) 	<p>On 2/15/24 MD ordered an increase in Lasix from 60mg daily to 80 mg daily to decrease edema in LE's.</p>
<input type="checkbox"/>	<ul style="list-style-type: none"> • <i>Medications</i> with anticholinergic properties (for example, some antipsychotics (<i>N0415A</i>), antidepressants (<i>N0415C</i>), antiparkinsonians, antihistamines) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> • Opioids (<i>N0415H</i>) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> • Benzodiazepines, especially long-acting agents (<i>N0415B</i>) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> • Analgesics, cardiac and GI medications, anti-inflammatory drugs 	
<input type="checkbox"/>	<ul style="list-style-type: none"> • Recent abrupt discontinuation, omission, or decrease in dose of a short or long acting benzodiazepines (<i>N0415B</i>) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> • <i>Medication</i> interactions (pharmacist review may be required) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> • Resident taking more than one <i>medication</i> from a particular class 	
<input type="checkbox"/>	<ul style="list-style-type: none"> • Possible <i>medication</i> toxicity, especially if the person is dehydrated (<i>J1550C</i>) or has renal insufficiency (<i>I1500</i>). Check serum <i>medication</i> levels 	

Delirium – Appendix C

✓	Associated or progressive signs and symptoms	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
<input type="checkbox"/>	<ul style="list-style-type: none"> Sleep disturbances (for example, up and awake at night/asleep during the day) (<i>D0150C</i>, D0500C, <i>J0510</i>) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Agitation and inappropriate movements (for example, unsafe climbing out of bed or chair, pulling out tubes) (E0500) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Hypoactivity (for example, low or lack of motor activity, lethargy or sluggish responses) (<i>D0150D</i>, D0500D) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Perceptual disturbances such as hallucinations (E0100A) and delusions (E0100B) 	

Delirium – Appendix C

✓	Other Considerations	Supporting Documentation
<input type="checkbox"/>	Psychosocial <ul style="list-style-type: none"> Recent change in mood; sad or anxious (for example, crying, social withdrawal) (<i>D0150, D0160, D0500, D0600</i>) Recent change in social situation (for example, isolation, recent loss of family member or friend) Use of restraints (P0100) 	<p>Prior quarterly assessment done with ARD of 11/3/2023 had no triggers for the CAM assessment. CAM assessment with ARD of 2/20/24 shows evidence of acute change in mental status, continuous inattention and fluctuating disorganized thinking. See EHR behavior charting.</p>
<input type="checkbox"/>	Physical or environmental factors <ul style="list-style-type: none"> Hearing or vision impairment (B0200, B1000) - may have an impact on ability to process information (directions, reminders, environmental cues) Lack of frequent reorientation, reassurance, reminders to help make sense of things Recent change in environment (for example, a room or unit change, new admission, or return from hospital) (A1700) Interference with resident's ability to get enough sleep (for example, light, noise, frequent disruptions) Noisy or chaotic environment (for example, calling out, loud music, constant commotion, frequent caregiver changes) 	

Delirium – Appendix C

Input from resident and/or family/representative regarding the care area.
(Questions/Comments/Concerns/Preferences/Suggestions)

Resident reports not feeling well as of late, wife's spouse indicates that resident appears more disorganized in her thinking and lethargic.

Delirium – Appendix C

Analysis of Findings		Care Plan Considerations
<p>Review indicators and supporting documentation, and draw conclusions. Document:</p> <ul style="list-style-type: none"> • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area. 	<p>Care Plan Y/N</p>	<p>Document reason(s) care plan will/ will not be developed.</p>
<p>Resident has had a recent increase in her Lasix dosage d/t BLE edema. For approximately the last two weeks resident has had lower BP's, elevated P and R, elevate NA level, and average intake has been 1500 cc's of fluid. Risk factors include weight loss, hallucinations, delusions, worsening functional impairment, worsening cognition/confusion, and hospitalization</p>	<p>Y</p>	

Delirium – Appendix C

Referral(s) to another discipline(s) is warranted (to whom and why): _____
PCP for direction on plan of care _____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):

☒ Yes ☐ No

Signature/Title: Wilma Simpson, RN Date: 2/21/2024

Appendix C

There are other CAT's that may be affected by this or any other issue the resident is experiencing.

- ☐ Nutritional status
- ☐ Dehydration/fluid maintenance

Consider all CAT's when looking at the big picture!

Care Planning

Impaired fluid balance care plan

Goal: The resident will no longer show signs of dehydration/delirium as evidenced by systolic blood pressure greater than or equal to 110, heart rate 60-100 beats/min, R 12-20 breaths/min, fluid intake >2500cc/day, delirium (CAM) assessment back to baseline, urine less concentrated, and sodium level within normal range by *April 1, 2024*.

Care Planning

Interventions

- Monitor and document vital signs every AM and PM.
- Assess skin turgor and oral mucous membranes for signs of dehydration daily.
- CNAs and nurses to monitor residents' mood (including inattention, disorganized thinking, and altered level of consciousness) every shift and document on behavior log.

Care Planning

- Obtain labs per MD order and report abnormalities promptly.
- Monitor bilateral lower extremity edema AM and PM.
- Monitor and document intake every shift.
- Push fluids every shift, resident prefers Kool-Aid or lemonade. To have a minimum of 2500 cc/day.
- Monitor for concentrated urine, report to RN if urine is dark and/or odorous.

Care Planning

- Monitor for any adverse effects to any new diuretics provided to resident.
- Monitor weights on Tuesday, Thursday, and Saturday. If up >3 lbs. from prior weight, report to RN/MD.
- Repeat BIMs and CAMs assessment by end of March.

After the Care Plan

- Communicate with the health care team
- Continue to monitor and adjust care plan as needed
- Follow up with provider
- Review with the IDT on resident's status
- Discuss with resident and family



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Nursing Facility Quality Measures

To protect and promote the health and safety of the people of Wisconsin

Quality Measures

Definitions:

- Target period – The span of time that defines the QM reporting period
- Stay – Time between an entry/re-entry into a facility and either a discharge/death or end of the target period, whichever comes first
- Episode – Period of time spanning one or more stays


Quality Measures

- Cumulative days in facility (CDIF) – Total number of days within an episode during which the resident was in the facility
- Short stay – Episode with CDIF less than or equal to 100 days as of the end of the target period
- Long stay – Episode with CDIF greater than or equal to 101 days as of the end of the target period




Quality Measures

- Target date – event date for an MDS
 - Entry record (A1600)
 - Discharge record or death (A2000)
 - All other records (A2300)



QM Name	SS/LS	Publicly Reported	Five Star
Percent of Residents Who Newly Received an Antipsychotic Medication N011.03 (exclude as assessment with target dates on or after 10/1/23 except initial)	SS	Yes	Yes
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury S038.02	SS	Yes	Yes
Percent of Residents Who Have Had an Outpatient Emergency Department Visit (claims)	SS	Yes	Yes
Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine N003.03	SS	Yes	No
Percent of Residents Who Made Improvements in Function – Replaced with Discharge Function Score 	SS	Yes	Yes
Percent of Residents Who Were Re-Hospitalized after a NH Admission (claims)	SS	Yes	Yes



QM Name	SS/LS	Publicly Reported	Five Star
Percent of Residents Experiencing One or More Falls with Major Injury N013.02	LS	Yes	Yes
Percent of Residents with Pressure Ulcers N045.01 (excluding assessments prior to 10/1/23)	LS	Yes	Yes
Percent of Residents with a Urinary Tract Infection N024.02	LS	Yes	Yes
Percent of Residents who Have or Had a Catheter Inserted and Left in Their Bladder N026.03	LS	Yes	Yes
Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased N028.03 (exclude prior or target assessment date before 10/1/23) ★	LS	Yes	Yes
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine N016.03	LS	Yes	No
Percent of Residents Who Received an Antipsychotic Medication N031.04 (for assessments with target dates on or after 10/1/23)	LS	Yes	Yes

QM Name	SS/LS	Publicly Reported	Five Star
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine N020.02	LS	Yes	No
Percent of Residents Who Were Physically Restrained N027.02	LS	Yes	No 
Percent of Residents With New or Worsened Bowel or Bladder Incontinence N046.01 (exclude prior or target assessments with dates before 10/1/23) 	LS	Yes	No
Percent of Residents Who Lose Too Much Weight N029.03	LS	Yes	No
Percent of Residents Who Have Depressive Symptoms N030.03	LS	Yes	No
Percent of Residents Who Used Antianxiety or Hypnotic Medication N036.03 (for assessments with target dates on or after 10/1/23)	LS	Yes	No
Percent of Residents Whose <i>Ability to Walk</i> Independently Worsened N035.04 (excluding prior or target assessment dates before 10/1/23) 	LS	Yes	Yes

State Surveyor Measures

- Prevalence of falls
 - Falls since admission/prior assessment
- Prevalence of antianxiety/hypnotic use
 - Antianxiety and/or hypnotic med use
 - Huntington's, Tourette's, anxiety, bipolar, psychotic disorder, schizophrenia, PTSD, hallucinations, or delusions
- Prevalence of behavior symptoms

Facility Level QM Report

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile	
										
Hi-risk/Unstageable Pres Ulcer (L)	N015.03	I	0	0	-	-	-	-	-	
Phys restraints (L)	N027.02	C	0	53	0.0%	0.0%	0.1%	0.1%	0	
Falls (L)	N032.02	C	25	53	47.2%	47.2%	47.9%		43.6%	57
Falls w/Maj Injury (L)	N013.02	C	1	53	1.9%	1.9%	3.5%	3.5%	33	
Antipsych Med (S)	N011.03	C	0	51	0.0%	0.0%	1.6%	1.9%	0	
Antipsych Med (L)	N031.04	C	4	53	7.5%	7.5%	15.3%	14.9%	24	
Antianxiety/Hypnotic Prev (L)	N033.03	C	1	33	3.0%	3.0%	7.3%	7.2%	32	
Antianxiety/Hypnotic % (L)	N036.03	C	6	46	13.0%	13.0%	15.8%	19.8%	27	

Facility Level QM Report

Antianxiety/Hypnotic % (L)	N036.03	C	6	46	13.0%	13.0%	15.8%	19.8%	27
Behav Sx affect Others (L)	N034.02	C	3	50	6.0%	6.0%	23.9%	18.7%	20
Depress Sx (L)	N030.03	C	1	49	2.0%	2.0%	5.6%	9.0%	45
UTI (L)	N024.02	C	0	53	0.0%	0.0%	3.1%	2.3%	0
Cath Insert/Left Bladder (L)	N026.03	C	1	50	2.0%	1.6%	3.0%	1.6%	65
Lo-Risk Lose B/B Con (L)	N025.02	I	0	0	-	-	-	-	-
Excess Wt Loss (L)	N029.03	C	2	46	4.3%	4.3%	5.3%	6.0%	42
Incr ADL Help (L)	N28.02	C	0	0	-	-	-	-	-
Move Indep Worsens (L)	N35.03	C	0	0	-	-	-	-	-
Improvement in Function (S)	N037.03	I	0	0	-	-	-	-	-

SNF Measures

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	National Average
Pressure Ulcer/Injury ¹	S038.02	2	118	1.7%	1.7%	2.7%

Resident Level QM Report

HI-risk/Unstageable Pres Ulcer (L)	Phys restraints (L)	Falls (L)	Falls w/Maj Injury (L)	Antipsych Med (S)	Antipsych Med (L)	Antianxiety/Hypnotic Prev (L)	Antianxiety/Hypnotic % (L)	Behav Sx affect Others (L)	Depress Sx (L)	UTI (L)	Cath Insert/Left Bladder (L)	Lo-Risk Lose B/B Con (L)	Excess Wt Loss (L)	Incr ADL Help (L)	Move Indep Worsens (L)	Improvement in Function (S)	Quality Measure Count
I	C	C	C	C	C	C	C	C	C	C	C	I	C	C	C	I	
b	b	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	1
b	b	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	1

Resident Level QM Report

Pressure Ulcer/Injury¹

b

b

b

b

Percent of Residents Experiencing One or More Falls with Major Injury (LS)
(CMS ID: N013.02) (CMIT Measure ID: 520)¹³

Measure Description
This measure reports the percent of long-stay residents who have experienced one or more falls with major injury reported in the target period or look-back period.
Measure Specifications
<i>Numerator</i> ←
Long-stay residents with one or more look-back scan assessments that indicate one or more falls that resulted in major injury (J1900C = [1, 2]).
<i>Denominator</i> ←
All long-stay nursing home residents with one or more look-back scan assessments except those with exclusions.
<i>Exclusions</i> ←
Resident is excluded if the following is true for <i>all</i> look-back scan assessments: 1. The number of falls with major injury was not coded (J1900C = [-]).
Covariates
Not applicable.

<https://www.cms.gov/files/zip/mds-qm-users-manual-v160-effective-10-1-2023-and-associated-user-manual-files.zip>

Type	Target Date	A0310A	A0310F	A1700	
Admit	1/23/23	99	01	1	}
OBRA Admit	1/29/23	01	99	1	
DCRA	2/16/23	99	11	1	
Re-entry	2/20/23	99	01	2	}
SCSA	2/24/23	04	99	2	
Quarterly	5/24/23	02	99	2	
Quarterly	7/13/23	02	99	2	}
Quarterly	10/13/23	02	99	2	
Annual	1/13/24	03	99	2	
★ Stay: 2/20/23 to 1/31/24			★ Stay: 1/23/23 to 2/16/23		

Type	Target Date	A0310A	A0310F
Admit	1/23/23	99	01
OBRA Admit	1/29/23	★ 01	99
DCRA	2/16/23	99	★ 11
Re-entry	2/20/23	99	01
SCSA	2/24/23	★ 04	99
Quarterly	5/24/23	★ 02	99
Quarterly	7/13/23	★ 02	99
Quarterly	10/13/23	★ 02	99
Annual	1/13/24	★ 03	99
<p>Episode: 2/20/23 to 1/31/24</p> <p>Target Assessment: 10/13/23 - Prior Assessment: 5/24/23</p>			

Type	Target Date	A0310A	A0310B	A0310F	J1900C
Admit	1/23/23	99	99	01	
OBRA Admit	1/29/23	★ 01	01	99	^
DCRA	2/16/23	99	99	★ 11	1
Re-entry	2/20/23	99	99	01	
SCSA	2/24/23	★ 04	01	99	^
Quarterly	5/24/23	★ 02	99	99	➡ 1
Quarterly	7/13/23	★ 02	99	99	^
Quarterly	10/13/23	★ 02	99	99	^
Annual	1/13/24	★ 03	99	99	^
Target Assessment: 10/13/23			Prior Assessment: 5/24/23		
Episode: 2/20/23 to 1/31/24					

Falls Quality Measure

*Used in the five-star quality rating system and publicly reported

Percentage of long-stay residents experiencing one or more falls with major injury

↓ *Lower percentages are better*

1.7%

National average: 3.4%

Wisconsin average: 3.3%

Facility Level QM Report

Report Period: 11/01/2023 - 01/31/2024

Comparison Group: 06/01/2023 - 11/30/2023

Report Run Date: 02/27/2024

Data Calculation Date: 02/26/2024

Report Version Number: 3.04


Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent
Hi-risk/Unstageable Pres Ulcer (L)	N015.03	I	0	0	-
Phys restraints (L)	N027.02	C	0	53	0.0%
Falls (L)	N032.02	C	25	53	47.2%
Falls w/Maj Injury (L)	N013.02	C	1	53	1.9%

Resident Level QM Report


Resident ID	A0310A/B/F	Hi-risk/Unstageable Pres Ulcer (L)	Phys restraints (L)	Falls (L)	Falls w/Maj Injury (L)
		I	C	C	C
18239791	02/99/99	b	b	X	b
69303182	02/99/99	b	b	X	b
16989515	02/99/99	b	b	b	b
32209876	02/99/99	b	b	X	b
37981528	02/99/99	b	b	b	b
65107007	03/99/99	b	b	X	X

Matilda Flinstone


Care Compare/Public Reporting




Welcome




Doctors & clinicians



Hospitals



Nursing homes including rehab services



Home health services

Find nursing homes including rehab services near me

Find and compare Medicare-certified nursing homes based on a location, and compare the quality of care they provide and their staffing. A nursing home is a place for people who can't be cared for at home and need 24-hour nursing care.

MY LOCATION *

NAME OF FACILITY (optional)

Search

[Show past search results](#)

<https://www.medicare.gov/care-compare/?providerType=NursingHome>

Data Collection Periods (SS)

Short-stay residents	
Measures	Current data collection period
Measures used to calculate the star rating - Short-stay residents	Measure Date Range
Percentage of short-stay residents who were re-hospitalized after a nursing home admission.	07/01/2022 - 06/30/2023
Percentage of short-stay residents who have had an outpatient emergency department visit.	07/01/2022 - 06/30/2023
Percentage of short-stay residents who got antipsychotic medication for the first time.	07/01/2022 - 09/30/2023
Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened. <i>This measure is also used in the SNF Quality Reporting Program</i>	04/01/2022 - 03/31/2023
Percentage of short-stay residents who improved in their ability to move around on their own.	07/01/2022 - 09/30/2023

Data Collection Periods (SS)

Percentage of short-stay residents who needed and got a flu shot for the current flu season.	07/01/2022 - 09/30/2023
Percentage of healthcare personnel who got a flu shot for the current season <i>This measure is also used in the SNF Quality Reporting Program</i>	10/01/2022 - 03/31/2023
Percentage of short-stay residents who needed and got a vaccine to prevent pneumonia.	07/01/2022 - 09/30/2023

Data Collection Periods (LS)

Measures	Current data collection period
Measures used to calculate the star rating - Long-stay residents	Measure Date Range
Number of hospitalizations per 1,000 long-stay resident days.	07/01/2022 - 06/30/2023
Number of outpatient emergency department visits per 1,000 long-stay resident days.	07/01/2022 - 06/30/2023
Percentage of long-stay residents who got an antipsychotic medication.	10/01/2022 - 09/30/2023
Percentage of long-stay residents experiencing one or more falls with major injury.	10/01/2022 - 09/30/2023
Percentage of long-stay high-risk residents with pressure ulcers.	10/01/2022 - 09/30/2023

Data Collection Periods (LS)

Percentage of long-stay residents with a urinary tract infection.	10/01/2022 - 09/30/2023
Percentage of long-stay residents who have or had a catheter inserted and left in their bladder.	10/01/2022 - 09/30/2023
Percentage of long-stay residents whose ability to move independently worsened.	10/01/2022 - 09/30/2023
Percentage of long-stay residents whose need for help with daily activities has increased.	10/01/2022 - 09/30/2023

Data Collection Periods (LS)

Measures	Current data collection period
Flu and pneumonia prevention measures - Long-stay residents	Measure Date Range
Percentage of long-stay residents who needed and got a flu shot for the current flu season.	10/01/2022 - 09/30/2023
Percentage of long-stay residents who needed and got a vaccine to prevent pneumonia.	10/01/2022 - 09/30/2023

Data Collection Periods (LS)

Percentage of long-stay residents who were physically restrained.	10/01/2022 - 09/30/2023
Percentage of long-stay low-risk residents who lose control of their bowels or bladder.	10/01/2022 - 09/30/2023
Percentage of long-stay residents who lose too much weight.	10/01/2022 - 09/30/2023
Percentage of long-stay residents who have symptoms of depression.	10/01/2022 - 09/30/2023
Percentage of long-stay residents who got an antianxiety or hypnotic medication.	10/01/2022 - 09/30/2023

Star Rating

150 Points

Long-stay

- Percentage of residents whose need for help with daily activities increased
- Percentage of residents who received an antipsychotic medication
- Percentage of residents whose ability to move independently worsened
- Number of hospitalizations per 1,000 resident days
- Number of outpatient emergency department (ED) visits per 1,000 resident days

Star Rating

150 Points

Short-stay

- *Percentage of residents who improved in their ability to move around on their own – (Replaced with discharge function score Oct. 2023)*
- *Rate of successful return to home and community from a SNF – (Retired 2019)*
- Percentage of short-stay residents who were re-hospitalized after a nursing home admission
- Percentage of short-stay residents who have had an outpatient emergency department (ED) visit

Star Rating

100 Points

Long-stay

- Percentage of residents experiencing one or more falls with major injury
- Percentage of high-risk residents with pressure ulcers
- Percentage of residents with a urinary tract infection
- Percentage of residents who have or had a catheter inserted and left in their bladder

Star Rating

100 Points

Short-stay

- Percentage of residents who got an antipsychotic medication for the first time
- *Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened – (Replaced by the changes in skin integrity measure, Sept. 2020)*

Star Rating

Based upon data from 2017 Q4 through 2018 Q3

Percentage of residents experiencing one or more falls with major injury (long-stay)	0.0000	0.0134	100
	0.0135	0.0246	80
	0.0247	0.0356	60
	0.0357	0.0514	40
	0.0515	1.0000	20

Star Rating

Point Ranges for the QM Ratings (as of October 2022)

QM Rating	Long-Stay QM Rating Thresholds	Short-Stay QM Rating Thresholds	Overall QM Rating Thresholds
★	155–483	144–491	299–975
★★	484–581	492–588	976–1,170
★★★	582–663	589–678	1,171–1,342
★★★★	664–755	679–766	1,343–1,522
★★★★★	756–1,150	767–1,150	1,523–2,300
Note: the short-stay QM rating thresholds are based on the adjusted scores (after applying the factor of 1,150/800 to the unadjusted scores)			

Star Rating

RATINGS

Overall rating



Average

The overall rating is based on a nursing home's performance on 3 sources: health inspections, staffing, and quality measures.

[Learn how Medicare calculates this rating](#)

Health inspections



Below average

[View Inspection Results](#)

Staffing



Above average

[View Staffing Information](#)

Quality measures



Much above average

[View Quality Measures](#)



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Items that affect the PDPM Reimbursement

To protect and promote the health and safety of the people of Wisconsin

Reimbursement

- October 1, 2019 – Medicare Part A
 - Case mix system of the SNF PPS was replaced with the PDPM
- January 1, 2022 - Medicaid
 - The nursing case mix index varies based on the third digit of the HIPPS code and
 - The non-therapy ancillary case mix index varies based on the fourth digit of the HIPPS code.

https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/provider/medicaid/nursingfacility/resources_03.htm.spage

MDS Assessment

- Complete per the instructions of the MDS
- Consider those items that affect the 3rd and 4th digit of the HIPPS code
- Make sure bills are submitted accurately
- Utilize Myers and Stauffer to view [MCO rates](#) or [billing guidance](#)
 - [HIPPS pricing calculator](#)

Medicaid Billing Reference

Medicaid billing reference Nursing/NTA components



Billing Guidance

- HIPPS codes from Traditional Medicare PPS assessments (5-day, IPA) may be used in billing for the days that the assessment is active, if the PPS assessment is appropriate. If a resident receives a 5-day assessment during a Medicare stay and then changes to Medicaid, the 5-day may be used for billing until the next required assessment. Five-day assessments shall not be submitted while a resident's primary payor is Medicaid.
- The 5-character HIPPS code is also coded on item Z0100 (Medicare Part A HIPPS code) on the MDS. MDS items Z0200 (State Medicaid Billing) and Z0250 (Alternate State Medicaid Billing) are optional and are not required to be completed.

Billing ZZZZZ Examples

Scenario 1 - Discharge Return Not Anticipated (DCRNA) followed by Entry ** Bill the HIPPS code from the admission assessment following entry if A1700 = 1, beginning with entry date (if admission assessment completed within 14 days from admission date)

Example: D/10 discharge date 1/15/2022 • Entry Date 1/25/2022 • admission assessment ARD 2/5/2022 • Bill HIPPS code from admission assessment starting 1/25/2022 ** If No assessment within 14 days of entry followed by a DCRNA record (D/10) or A1700 = 1 (admission)

Example: D/10 discharge date 1/15/2022 • Entry Date 1/25/2022 • no subsequent assessment • HIPPS code ZZZZZ must be billed starting 1/25/2022

Billing Examples

Scenario 2 - Discharge Return Anticipated (DCRA) followed by entry within 30 days of discharge. (discharge date plus 30 days) ** Bill the HIPPS code from the assessment preceding discharge if D/11 followed by entry within 30 days and A1700 = 2 (reentry), until ARD of next assessment (or until the assessment is 92 days old).

Example: 1/5/2022 OBRA assessment ▪ D/11 discharge date 1/15/2022 ▪ Reentry Date 1/25/2022 ▪ Bill HIPPS code from 1/5/2022 OBRA assessment starting 1/25/2022



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<https://www.dhs.wisconsin.gov/regulations/nh/rai-mds.htm>

References

- [Quality Measure User's Manual v16](#)
- [QSO-23-21-NH](#) – Updates to NH CC Staffing and QMs
- [CMS QM Webpage](#)
- CC NH Five-Star Quality Rating System: [User's Guide](#)
- [Care Compare Webpage](#)
- [Nursing Home Rate Schedule](#)
- [HIPPS Pricing Calculator](#)
- Methods of Implementation for [NH Payment Rates](#)

Medicaid Billing Reference Nursing and NTA Components

3rd Digit of HIPPS Code - Nursing

Section GG Items Included in Nursing Functional Score

Item	Description	Score Range
GG0130A1	Self-care: Eating	0-4
GG0130C1	Self-care: Toileting Hygiene	0-4
GG0170B1	Mobility: Sit to lying	0-4 (average of 2 items)
GG0170C1	Mobility: Lying to sitting on side of bed	
GG0170D1	Mobility: Sit to stand	0-4 (average of 3 items)
GG0170E1	Mobility: Chair/bed-to-chair transfer	
GG0170F1	Mobility: Toilet transfer	

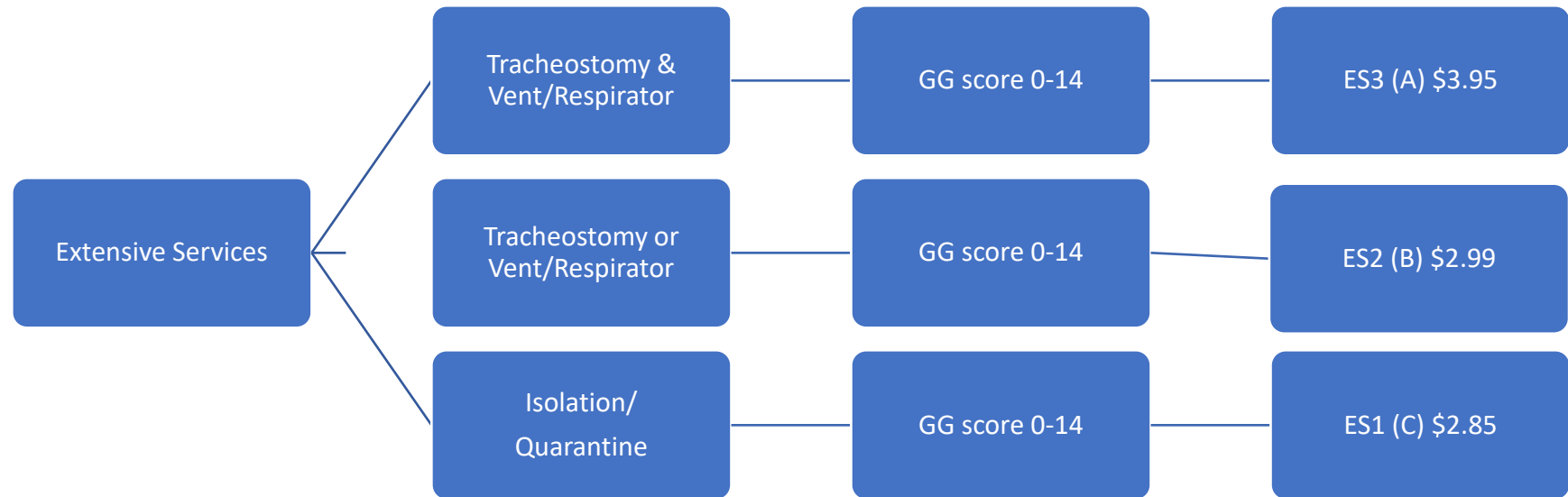
Determine if resident qualifies for depression based upon the PHQ 2 to 9 score:

*D0160 is > or = to 10 but not 99

OR

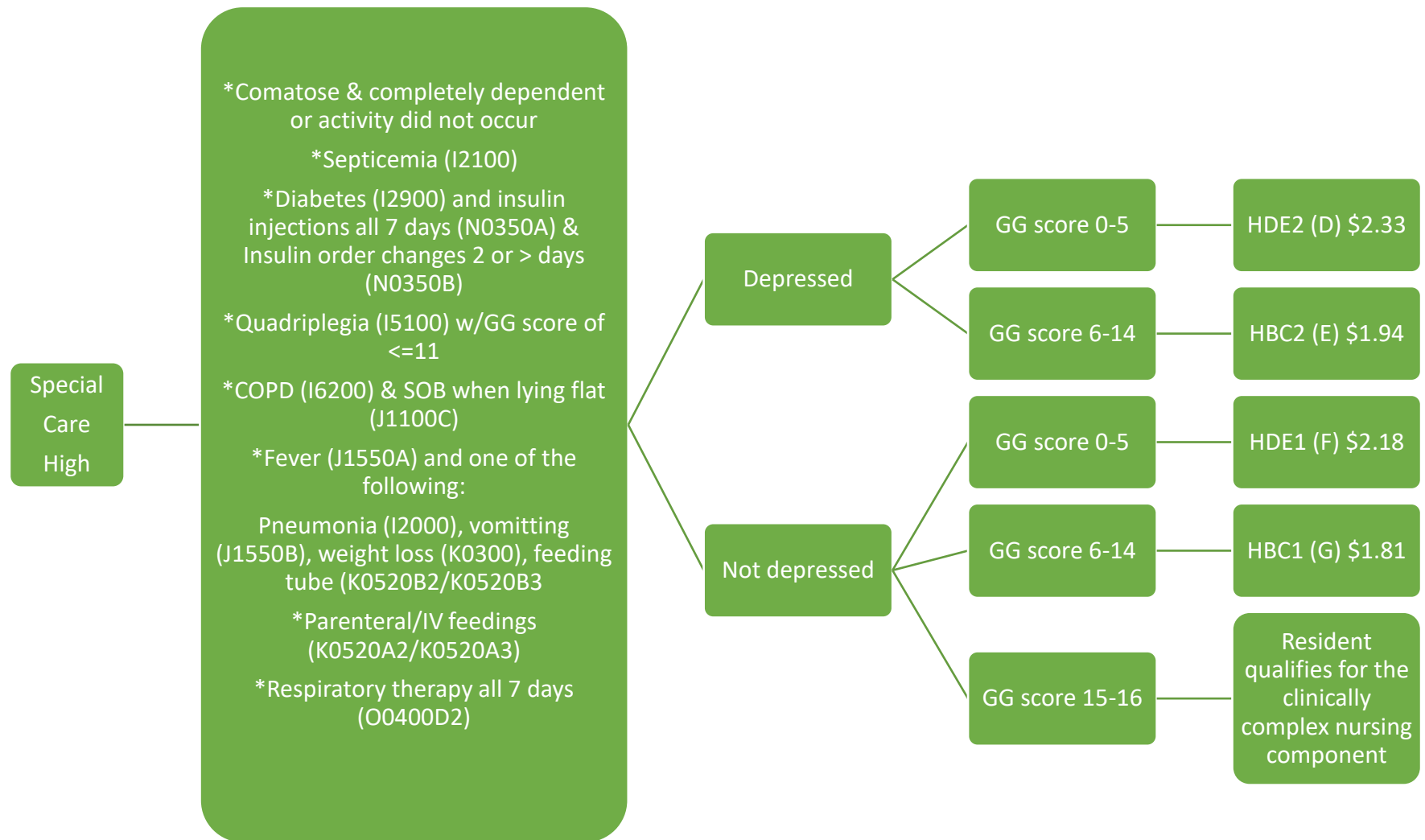
*D0600 is > or = to 10

Medicaid Billing Reference Nursing and NTA Components

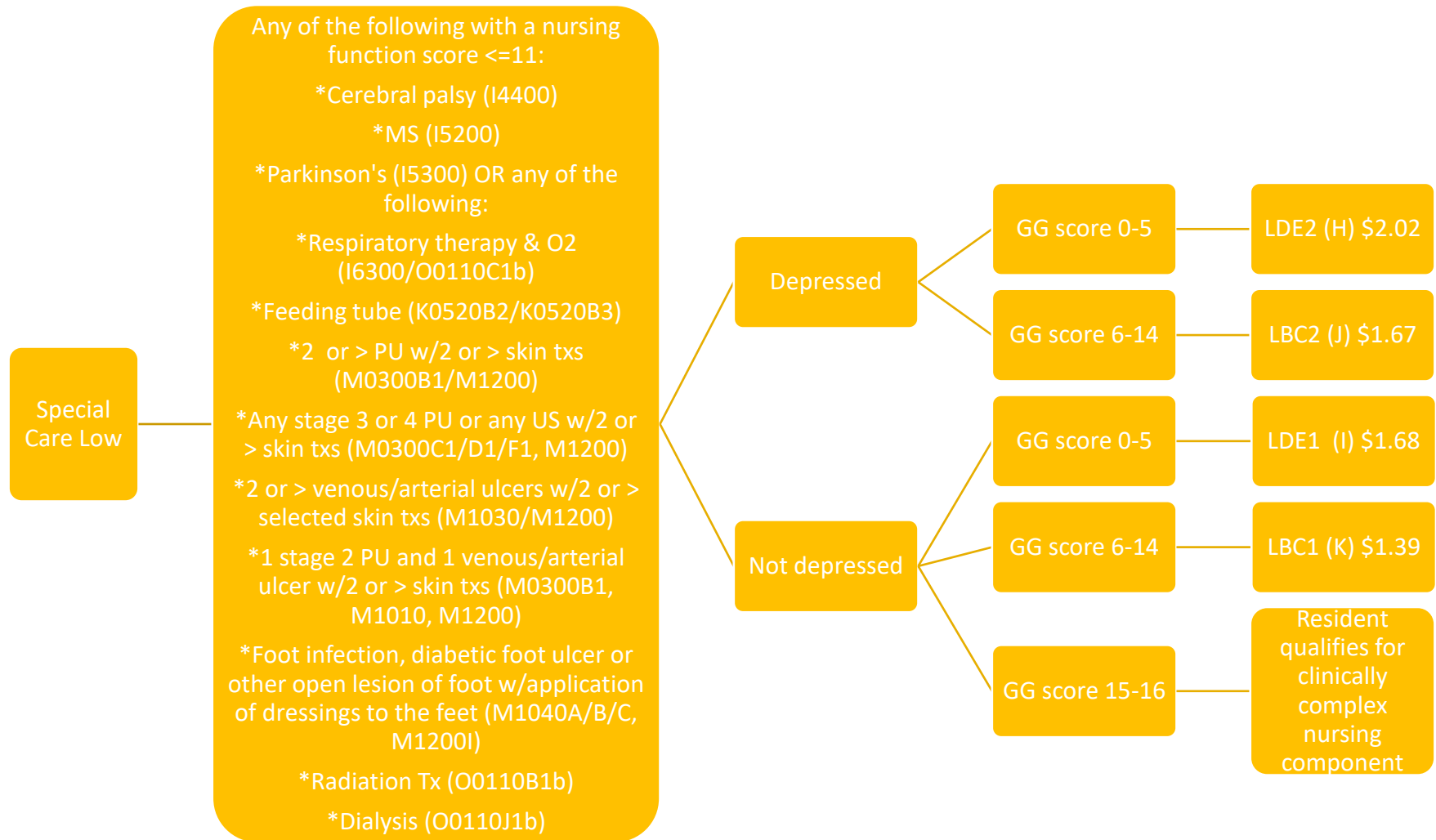


If the GG Score is 15 or 16, the resident qualifies for the clinically complex nursing component.

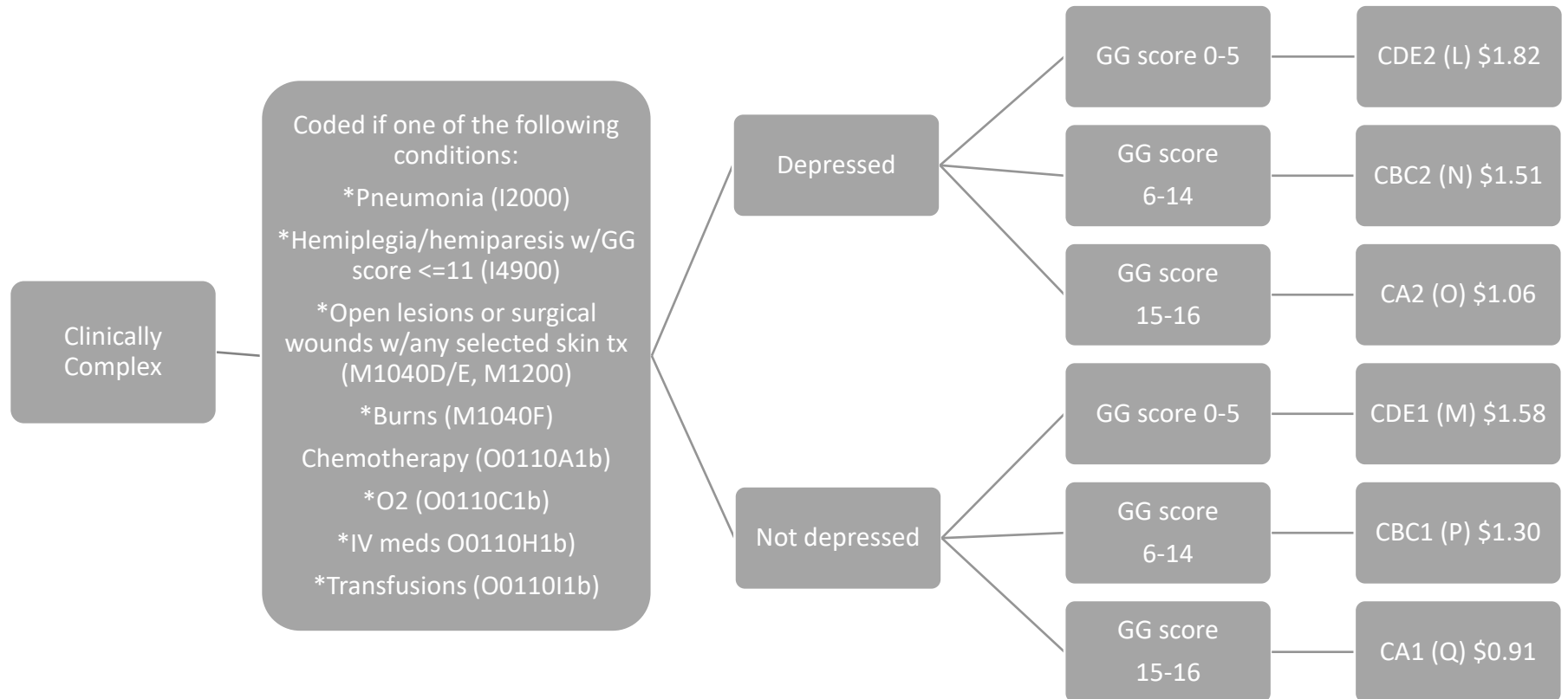
Medicaid Billing Reference Nursing and NTA Components



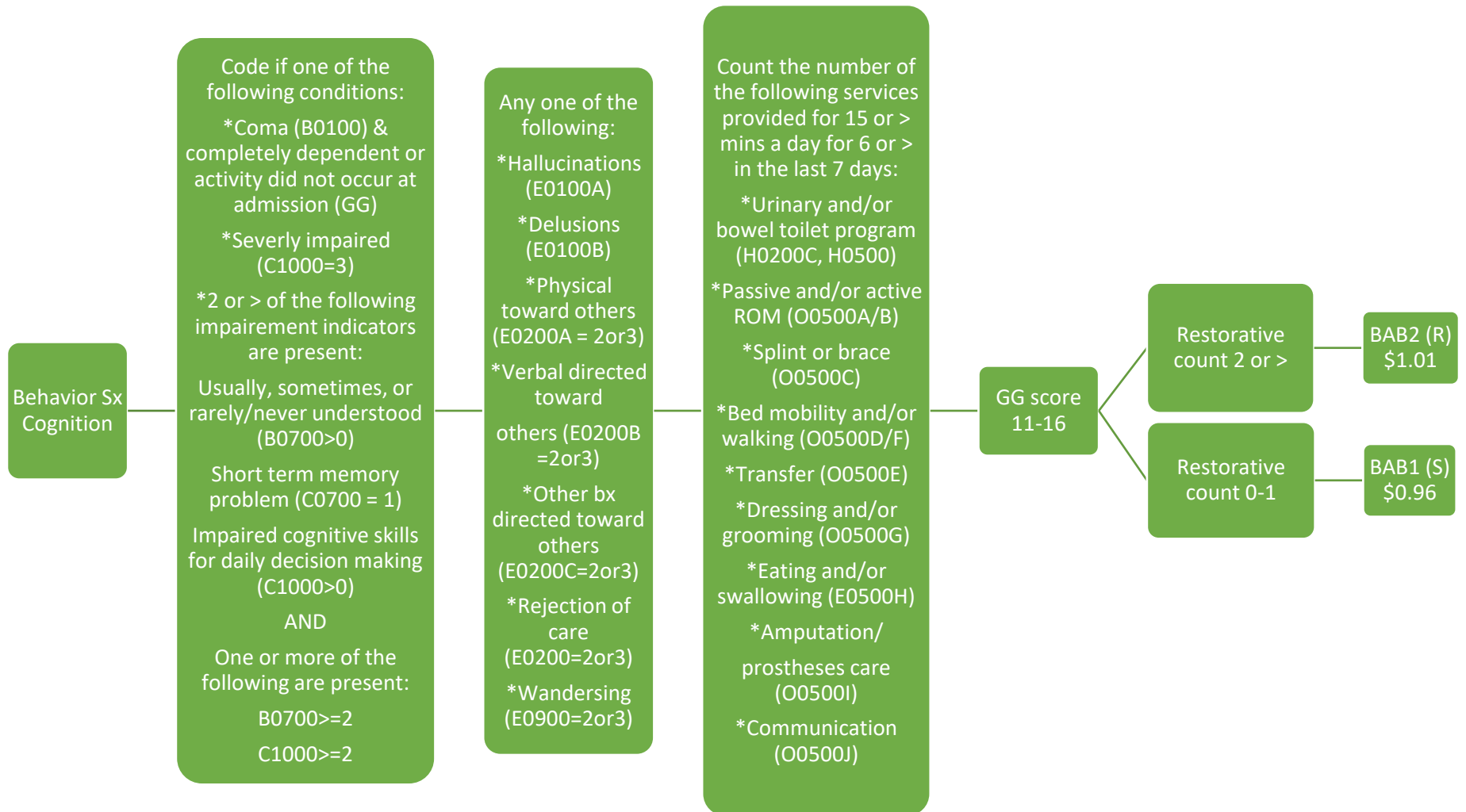
Medicaid Billing Reference Nursing and NTA Components



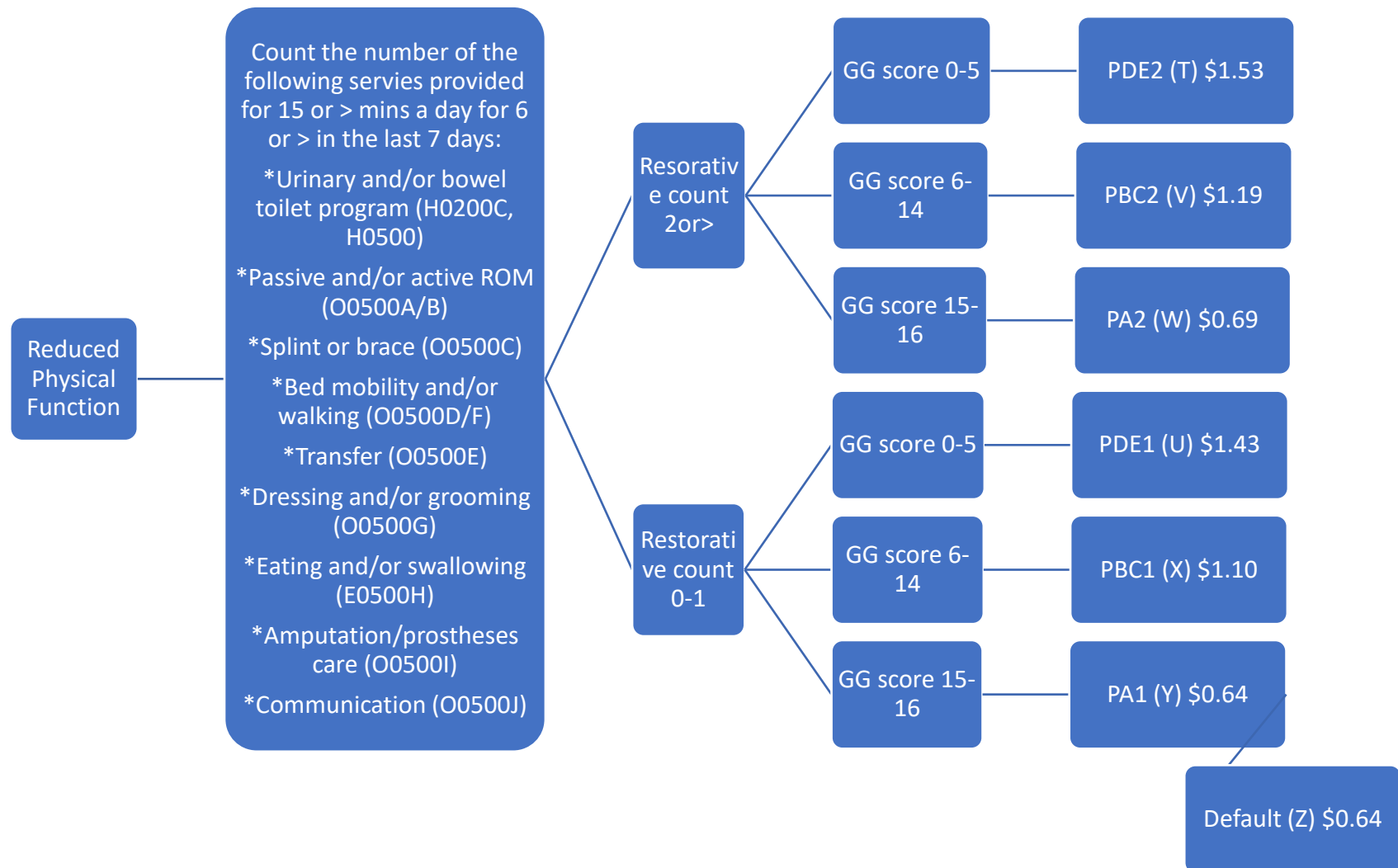
Medicaid Billing Reference Nursing and NTA Components



Medicaid Billing Reference Nursing and NTA Components



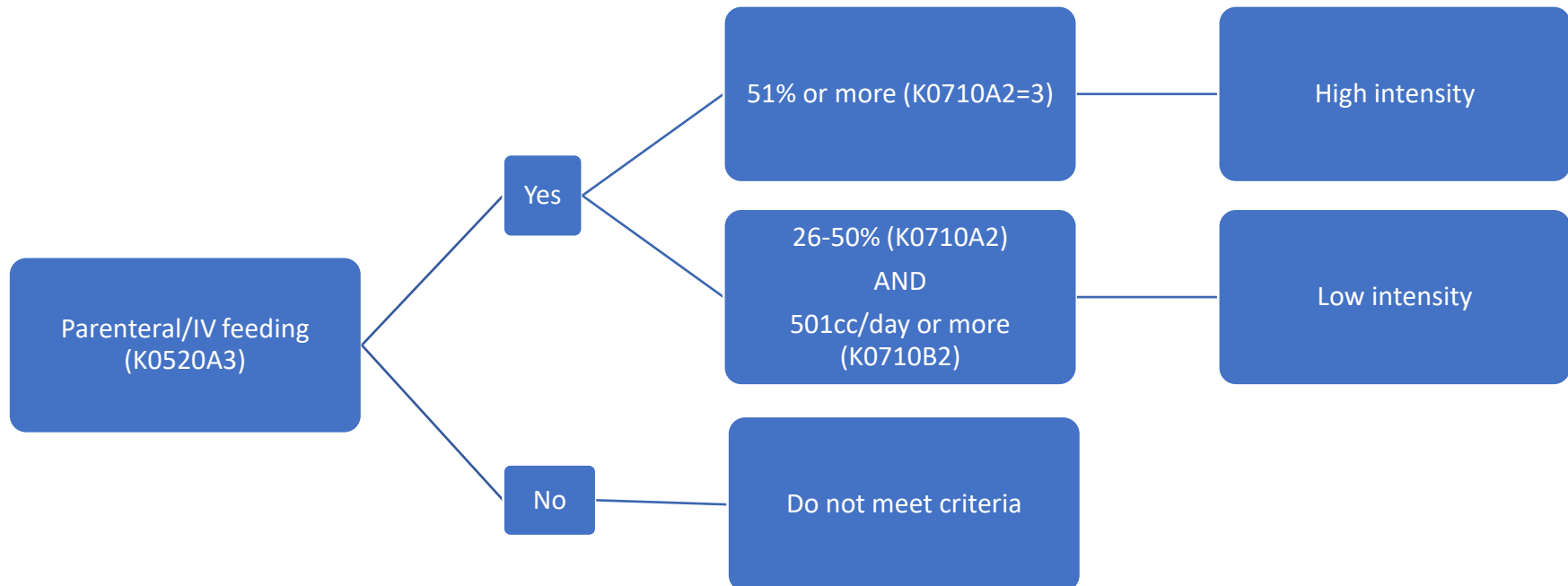
Medicaid Billing Reference Nursing and NTA Components



Medicaid Billing Reference Nursing and NTA Components

4th Digit of HIPPS Code – Non-Therapy Ancillary (NTA)

1. HIV/AIDS not reported on the MDS but is recorded on the SNF claim (ICD-10-CM code B20)
2. Determine presence of parenteral/IV feeding:



Medicaid Billing Reference Nursing and NTA Components

3. Determine NTA-related comorbidities.

HIV/AIDS	N/A (SNF claim)	8
Parenteral IV Feeding: Level High	K0520A3, K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	O0110H1b	5
Special Treatments/Programs: <i>Invasive Mechanical</i> Ventilator or Respirator Post-admit Code	O0110F1b	4
Parenteral IV Feeding: Level Low	K0520A3, K0710A2, K0710B2	3
Lung Transplant Status	I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	O0110I1b	2
Major Organ Transplant Status, Except Lung	I8000	2
Active Diagnoses: Multiple Sclerosis Code	I5200	2
Opportunistic Infections	I8000	2
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	I6200	2
Bone/Joint/Muscle Infections/Necrosis - Except: Aseptic Necrosis of Bone	I8000	2
Chronic Myeloid Leukemia	I8000	2
Wound Infection Code	I2500	2
Active Diagnoses: Diabetes Mellitus (DM) Code	I2900	2
Endocarditis	I8000	1
Immune Disorders	I8000	1
End-Stage Liver Disease	I8000	1
Narcolepsy and Cataplexy	I8000	1
Cystic Fibrosis	I8000	1
Special Treatments/Programs: Tracheostomy Care Post-admit Code	O0110E1b	1
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	I1700	1
Special Treatments/Programs: Isolation Post-admit Code	O0110M1b	1
Specified Hereditary Metabolic/Immune Disorders	I8000	1
Morbid Obesity	I8000	1
Special Treatments/Programs: Radiation Post-admit Code	O0110B1b	1
Stage 4 Unhealed Pressure Ulcer Currently Present ¹	M0300D1	1
Psoriatic Arthropathy and Systemic Sclerosis	I8000	1

Medicaid Billing Reference Nursing and NTA Components

Chronic Pancreatitis	I8000	1
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Other Foot Skin Problems: Foot Infection Code, Diabetic Foot Ulcer Code, Other Open Lesion on Foot Code	M1040A, M1040B, M1040C	1
Complications of Specified Implanted Device or Graft	I8000	1
Bladder and Bowel Appliances: Intermittent Catheterization	H0100D	1
Inflammatory Bowel Disease	I1300	1
Aseptic Necrosis of Bone	I8000	1
Special Treatments/Programs: Suctioning Post-admit Code	O0110D1b	1
Cardio-Respiratory Failure and Shock	I8000	1
Myelodysplastic Syndromes and Myelofibrosis	I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	I8000	1
Diabetic Retinopathy - Except: Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Nutritional Approaches While a Resident: Feeding Tube	K0520B3	1
Severe Skin Burn or Condition	I8000	1
Intractable Epilepsy	I8000	1
Active Diagnoses: Malnutrition Code	I5600	1
Disorders of Immunity - Except: RxCC97: Immune Disorders	I8000	1
Cirrhosis of Liver	I8000	1
Bladder and Bowel Appliances: Ostomy	H0100C	1
Respiratory Arrest	I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	I8000	1
See https://www.cms.gov/files/zip/fy-2024-pdpm-icd-10-mapping.zip (NTA Comorbidity excel spreadsheet)		
Using the above noted spreadsheet, for example, if within I8000 and of the below ICD-10-CM codes are used, this correlates with Endocarditis and be 1-point NTA.		
A01.02	Typhoid fever with heart involvement	
A18.84	Tuberculosis of heart	
A32.82	Listerial endocarditis	

Medicaid Billing Reference Nursing and NTA Components

A39.51 Meningococcal endocarditis
A52.03 Syphilitic endocarditis
A78 Q fever
B33.21 Viral endocarditis
B37.6 Candidal endocarditis
I33.0 Acute and subacute infective endocarditis
I33.9 Acute and subacute endocarditis, unspecified
I38 Endocarditis, valve unspecified
I39 Endocarditis and heart valve disorders in diseases classified elsewhere.
M32.11 Endocarditis in systemic lupus erythematosus

4. After determining the amount of NTA points the resident has

HIPPS	DSC_HIPPS	AMT_CMI
A	NA - NTA CASE MIX GROUP 12+ Points	\$3.15
B	NB - NTA CASE MIX GROUP – 9-11 Points	\$2.46
C	NC - NTA CASE MIX GROUP – 6-8 Points	\$1.79
D	ND - NTA CASE MIX GROUP – 3-5 Points	\$1.29
E	NE - NTA CASE MIX GROUP – 1-2 Points	\$0.93
F	NF - NTA CASE MIX GROUP - Default	\$0.70
Z	DEFAULT CODE - SNF PDPM	\$0.70

Medicaid Billing Reference Nursing and NTA Components

Nursing Home Rate Schedule



Rate Amount	CMN DC Nursing	CMN DC Other	Support Services Allowance	Property Allowance	Property Tax Allowance	Incentives	Effective Date	End Date
326.56	0	0	0	0	0	0	10/01/2023	12/31/2299
35	0	0	0	0	0	0	12/31/2020	12/31/2299
334.07	0	0	0	0	0	0	10/01/2023	12/31/2299
440.45	0	0	0	0	0	0	10/01/2023	12/31/2299
219.05	0	0	0	0	0	0	10/01/2023	12/31/2299
326.56	0	0	0	0	0	0	10/01/2023	12/31/2299
219.05	0	0	0	0	0	0	10/01/2023	12/31/2299
0	94.83	17.37	157.73	14.66	2.29	12.27	10/01/2023	12/31/2299

2024 Family Care MCO Rates

Submitted	01/31/2024
Effective Date	10/01/2023
36 New CRs -->	NEW
1 Mid Year Rate Changes -->	
Non-DC Allowances	\$ 186.95
NF DC - Nursing Allowance (CMI=1)	\$ 94.83
NF DC - Other Allowance (CMI=1)	\$ 17.37
ICF/IID Non-DC Allowances	
ID DC - Nursing Allowance (CMI = 2.36)	
F/IID DC - Other Allowance (CMI = 1.71)	

Medicaid Billing Reference Nursing and NTA Components

HIPPS Pricing Calculator

 Wisconsin Department of Health Department of Health Services SNF PDPM Pricing Calculator		
Note: The Case Mix Index (CMI) pricing parameters in this spreadsheet match those implemented in the Medicaid claims processing system effective January 1, 2022.		
Indicates data to be input by the user		Indicates payment policy parameters set by Medicaid
Information	Data	Comments or Formula
PROVIDER PAYMENT COMPONENTS		
CMN DC Nursing	\$94.83	
CMN DC Other	\$17.37	
Property Allowance	\$14.66	
Property Tax Allowance	\$2.29	
Incentives	\$12.27	
Support Services Allowance	\$157.73	
HIPPS CODE INFORMATION		
Character 1: PT/OT Payment Group	C [TC - PT/OT CASE MIX GROUP]	
Character 2: SLP Payment Group	E [SE - SLP CASE MIX GROUP]	
Character 3: Nursing Payment Group	F [HBC2 - NURSING CASE MIX GROUP]	
Character 4: NTA Payment Group	C [NC - NTA CASE MIX GROUP]	
Character 5: Assessment Indicator	6 [OBRA ASSESSMENT]	
Full HIPPS Code	CEFC6	
Nursing CMI	2.18	Case Mix Index corresponding to Nursing Payment Group
NTA CMI	1.79	Case Mix Index corresponding to NTA (Non-Therapy Ancillary) Group
ACUITY-SPECIFIC NON-DEVELOPMENTALLY DISABLED RATE		
Daily Rate	\$424.77	(CMN DC Nursing * Nursing CMI) + (CMN DC Other * NTA CMI) + Property Allowance + Property Tax Allowance + Incentives + Support Services Allowance