



**WEBINAR
WILL BEGIN
SHORTLY!**



**MYERS AND
STAUFFER**_{LC}
CERTIFIED PUBLIC ACCOUNTANTS

CONNECTICUT CASE MIX REVIEW UPDATE



**MYERS AND
STAUFFER** LC
CERTIFIED PUBLIC ACCOUNTANTS



AGENDA



- ✓ MDS Case Mix Updated Review Process
- ✓ MDS Case Mix Updated Review Forms
- ✓ State Review Policies
- ✓ Supportive Documentation Requirements

WHO'S WHO



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WHO'S WHO



MYERS AND STAUFFER HELP DESK

- ✓ **Kerry Illg, Senior Manager**
- ✓ **Nick Davis**
- ✓ **Jaron Strem**
- ✓ **Nigel Potter**
- ✓ **Debbie Percy**
- ✓ **Robin Johns**

UPDATED CASE MIX REVIEW PROCESS



**MYERS AND
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CERTIFIED PUBLIC ACCOUNTANTS

STATE GOAL REMAINS THE SAME

- ✓ The goal of the MDS Case Mix Review is to validate the MDS elements associated with the transmitted Resource Utilization Group (RUG) classification and associated Case Mix Index (CMI).
- ✓ **The MDS Case Mix Review does not determine the accuracy or inaccuracy of the MDS.**



CASE MIX REVIEW PROTOCOL

Policy Decisions For MDS Case Mix Reviews

- ✓ **MDS Case Mix Review Supportive Documentation Requirements**
 - Documentation requirements that define the supporting documentation necessary to verify an MDS RUG item
- ✓ **Unsupported assessment:**
 - Unsupported Assessments – unsupported determination is made whereby the CMI is **lower than the original CMI** as a result of the review
- ✓ **Frequency of MDS Case Mix Reviews**
 - Nursing facilities shall receive an MDS case mix review annually
 - Additional reviews and follow-up reviews may be conducted at the State's discretion

CASE MIX REVIEW PROTOCOL

Policy Decisions For MDS Case Mix Reviews, Cont.

- ✓ **Sample payer source selection**
 - 95% Medicaid resident assessments
 - 5% Non-Medicaid resident assessments
- ✓ **Primary sample size is the greater of:**
 - 25% of resident assessments listed on the review roster
 - 25 assessments
- ✓ **State threshold to determine successful review:**
 - 10% unsupported or less
- ✓ **Expanded sample**
 - **No expansions with updated process**

CASE MIX REVIEW PROTOCOL

Pre-MDS Case Mix Review Protocol

- ✓ Facility notification will occur 30 calendar-days prior to the scheduled review
 - Notification by telephone
 - Confirmation sent by email
 - Facility Statistical Information Form
 - Entrance Conference Form
 - Medical Records Documentation Request Form
 - Other forms/documents as indicated
 - Facility will receive medical record request list at the time of notification for the case mix review
- ✓ Facility should make arrangements to provide a liaison to assist during the case mix review process for the purpose of accessing both electronic and paper medical records if indicated
- ✓ RN Reviewer will send online meeting invitation prior to the scheduled entrance conference meeting time

CASE MIX REVIEW PROTOCOL



Facility has two options for providing supporting documentation for the review:

- 1) Direct network access to facility software (read-only mode)
 - ✓ Network access shall remain effective through the end of the review process
- 2) Facility to upload documentation to the Myers and Stauffer web portal
 - ✓ Providers will be requested to have uploaded all relevant medical record documentation within 48-hours after the close of the entrance conference;
 - OR
 - ✓ Providers will be expected to provide direct electronic health record access to the RN Reviewer within 48-hours after the close of the entrance conference

CASE MIX REVIEW PROTOCOL

MDS Case Mix Review Protocol

Entrance conference:

- ✓ Facility to join online meeting via the email invitation sent by RN Reviewer on day 31 (or the appropriate date as identified below)
 - In other words, 1 day after the end of the 30 calendar-day notification ends
 - If the 31st day falls on a Saturday, Sunday or holiday – the entrance conference will be conducted the following business day.
 - Recognized holidays:
 - New Year's Day
 - Memorial Day
 - Independence Day
 - Labor Day
 - Thanksgiving
 - Day After Thanksgiving
 - Christmas Eve
 - Christmas Day



CASE MIX REVIEW

Entrance Conference, Cont.:

- ✓ Facility Administrator or designee, MDS Coordinator, Medical Records and any other staff of facility choice to attend
- ✓ Review process is explained
- ✓ Facility to identify platform of choice for supporting documentation submission and liaison to assist with medical record review
- ✓ Facility Administrator or designee to provide Facility Statistical Information form via web portal or FTP site with requested facility documentation
- ✓ Time allowed for questions



CASE MIX REVIEW PROTOCOL

MDS Case Mix Review Protocol

Review process:

- ✓ Facility will provide requested original legal medical record documentation by close of business the 2nd business-day following the entrance conference
 - Example: Entrance conference held on Wednesday – all medical record documentation must be received by close of business Friday to be considered for the review



OR

- ✓ RN Reviewer will access the electronic health record via the provided log-in, web portal or FTP site to retrieve requested medical records

CASE MIX REVIEW

Review Process, Cont.:

- ✓ Facility liaison will be contacted if additional assistance is required to locate medical record documentation as needed by the RN Reviewer
- ✓ The facility liaison will be asked to provide all documentation for which the RN Reviewer is unable to support MDS items resulting in a RUG category change resulting in a lower CMI
- ✓ Facility must provide supporting documentation within established time limits
- ✓ RN Reviewer will contact the facility liaison to schedule the exit conference

CASE MIX REVIEW PROTOCOL

MDS Case Mix Review Protocol

Exit conference:

- ✓ Exit conference provided following the completion of the review
- ✓ Facility Administrator or designee may invite all staff deemed appropriate to attend the exit conference
- ✓ **Draft Preliminary Findings Letter** will be provided to the facility including the number of assessments reviewed and percent unsupported
- ✓ Facility Administrator or designee and all other staff in attendance sign the Draft Preliminary Findings Letter
- ✓ Facility Administrator or designee will return the signed Draft Preliminary Findings Letter (and any other required review forms) via the web portal or other secure means of communication
- ✓ Facility will have 30 calendar-days to request an informal reconsideration from the date of the final exit conference and receipt of the Draft Preliminary Findings Letter



CASE MIX REVIEW PROTOCOL

Post-MDS Case Mix Review Protocol

- ✓ MDS Case Mix Review Final Findings Summary Letter
 - Posted to the web portal no later than 30 calendar-days following the final exit conference date
- ✓ Facility will have **30 calendar-days** from the **date of the posting of the MDS Case Mix Review Final Findings Letter** to submit the validation improvement plan (if applicable) related to the MDS Case Mix Review Final Findings Summary Letter
- ✓ **The facility is then provided an additional 90 calendar-days from the date of the posting of the MDS Case Mix Review Final Findings Letter to request a rate reconsideration if not in agreement with the MDS Case Mix Review Final Findings Letter.**



WEB PORTAL PROCESS



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ACCESS TO WEB PORTAL

- ✓ The Myers and Stauffer Web Portal is located at: <https://ctcasemixreports.mslc.com/>
- ✓ The following is a list of viable web browsers for the Myers and Stauffer Web Portal:
 - Internet Explorer 8 (and up)
 - Google Chrome
 - Mozilla Firefox
- ✓ You may add this address to your web browser “Favorites” list for easy access.
- ✓ **To establish or modify the list of registered users for your facility, please contact the helpdesk at CTHelpDesk@mslc.com or 1-800-763-2278.**

LOGGING INTO THE WEB PORTAL

- ✓ After the initial account set up, using the link <https://ctcasemixreports.mslc.com/> will produce the following screen:

MYERS AND STAUFFER
CERTIFIED PUBLIC ACCOUNTANTS

DEDICATED TO GOVERNMENT HEALTH PROGRAMS

MDS - WebPortal - CT - Login

Email

Password

[Forgot Password?](#)

Login

Legal Notice
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Version: 2.0.0.8

LOGGING IN TO THE WEB PORTAL

- ✓ Upon your first visit to the web portal you will need to click on the “green” forgot password link and enter the email address used to establish your account.
- ✓ An email will be sent to you to set up your password.

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CERTIFIED PUBLIC ACCOUNTANTS DEDICATED TO GOVERNMENT HEALTH PROGRAMS

MDS - WebPortal - CT - Login

Email

Password

Forgot Password?

Login

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LOGGING IN TO THE WEB PORTAL

- ✓ On subsequent visits to the web portal you will need to enter your login credentials into the appropriate fields.
- ✓ Email field: Enter the email address used during the initial set-up.

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CERTIFIED PUBLIC ACCOUNTANTS
DEDICATED TO GOVERNMENT HEALTH PROGRAMS

MDS - WebPortal - CT - Login

Email

Password

[Forgot Password?](#)

Login

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LOGGING IN TO THE WEB PORTAL

- ✓ Password field: Enter your password. Should you forget your password at any time, click on the green “Forgot Password?” link at the bottom of the page.

MDS - WebPortal - CT - Login

Email

Password

[Forgot Password?](#)

Login

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LOGGING IN TO THE WEB PORTAL

- ✓ Clicking on “Forgot Password?” will open one of the two screens below:

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CERTIFIED PUBLIC ACCOUNTANTS
DEDICATED TO GOVERNMENT HEALTH PROGRAMS

MDS - WebPortal - CT
Send Forgot Password

Email

Send Forgot Password Email

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Send Forgot Password

Email: username@facility.com

AENRD

Try another

Enter the text you see above:

AENRD

Send Forgot Password Email

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- ✓ Open Text field: Enter the letters that are visible in the rectangle area just below the Password field. If you cannot read them, click the **“Try Another”** link and the system will display new letters that may be more readable. This extra security field is known as a CAPTCHA and is used to ensure that a human is accessing the site and not an automated computer trying to gain unlawful/unwarranted access to the Web Portal.

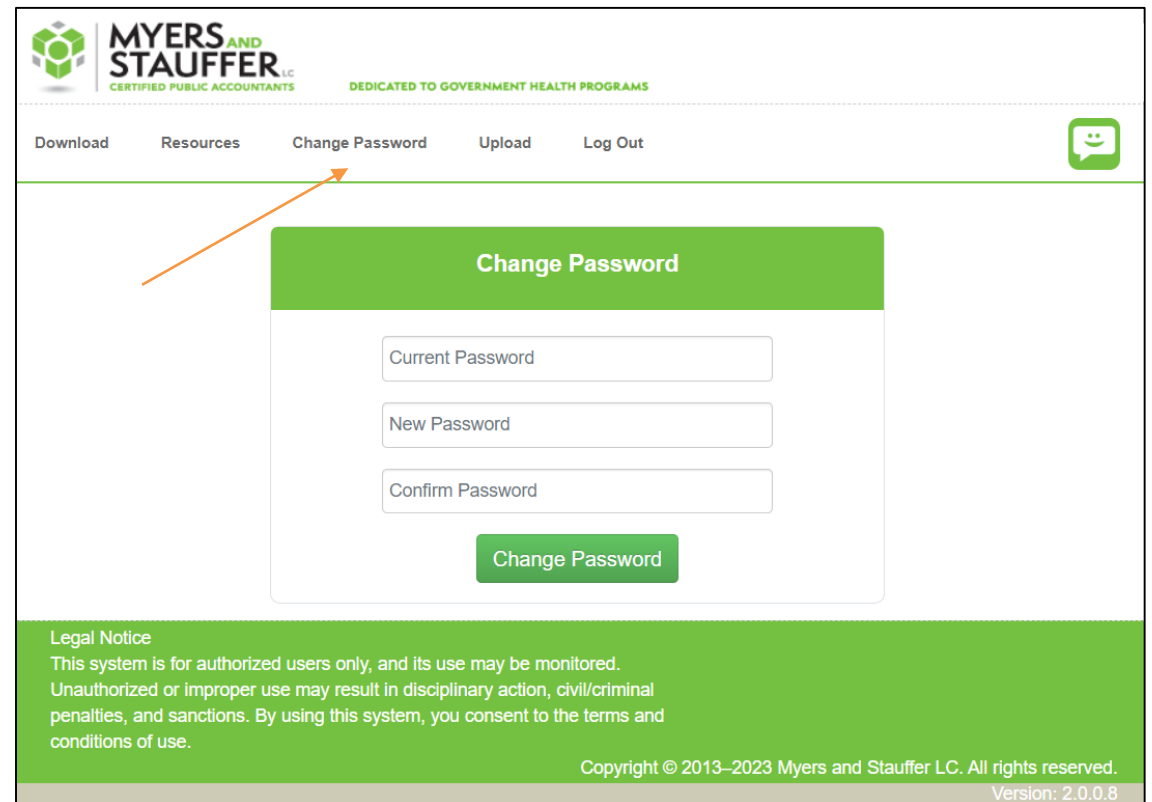
CHANGE PASSWORD



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CHANGE PASSWORD

- ✓ Clicking on “Change Password” in the header will provide you an opportunity to update your current password.



The screenshot displays the website's header with the Myers and Stauffer logo and navigation links: Download, Resources, Change Password, Upload, and Log Out. An orange arrow points to the 'Change Password' link. Below the header, a central form titled 'Change Password' contains three input fields: 'Current Password', 'New Password', and 'Confirm Password', followed by a green 'Change Password' button. At the bottom, a green footer contains a 'Legal Notice' and copyright information.

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CERTIFIED PUBLIC ACCOUNTANTS
DEDICATED TO GOVERNMENT HEALTH PROGRAMS

Download Resources **Change Password** Upload Log Out

Change Password

Current Password

New Password

Confirm Password

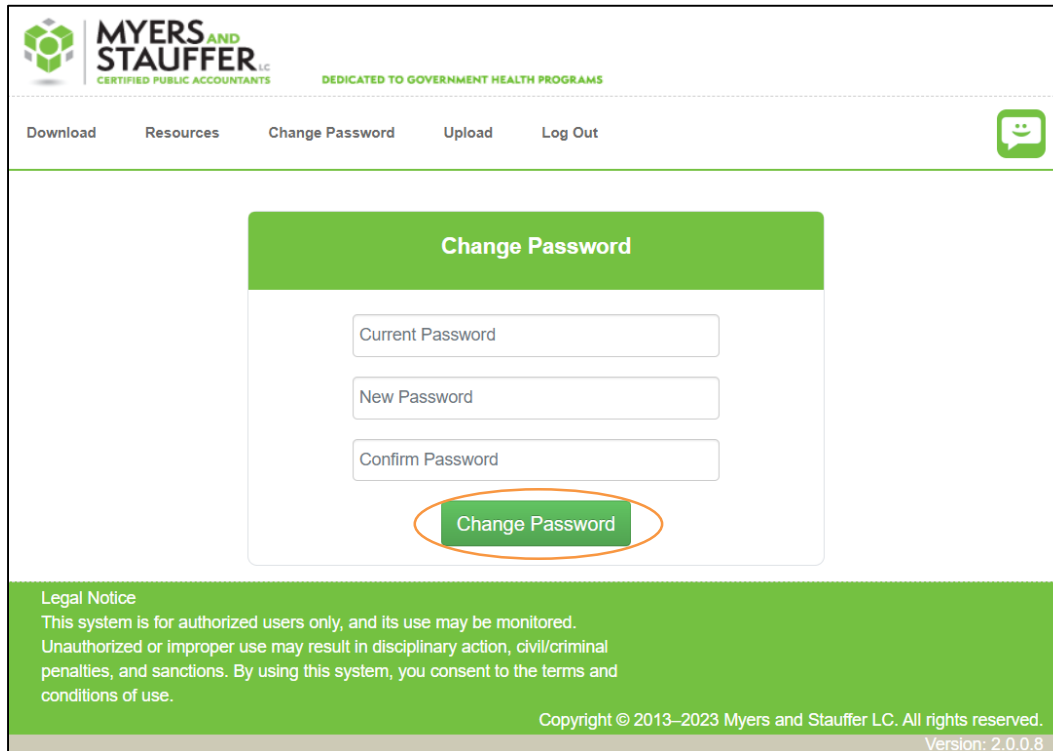
Change Password

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CHANGE PASSWORD

- 1) Enter current password
- 2) Type new password in the “New Password” field
- 3) Type new password in the “Confirm Password” field
- 4) Click the “Change Password” button



The screenshot shows a web interface for changing a password. At the top left is the Myers and Stauffer logo with the tagline 'DEDICATED TO GOVERNMENT HEALTH PROGRAMS'. A navigation bar contains links for 'Download', 'Resources', 'Change Password', 'Upload', and 'Log Out', along with a chat icon. The main content area features a 'Change Password' form with three input fields: 'Current Password', 'New Password', and 'Confirm Password'. A green 'Change Password' button is highlighted with an orange oval. The footer contains a 'Legal Notice' and copyright information.

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CERTIFIED PUBLIC ACCOUNTANTS

DEDICATED TO GOVERNMENT HEALTH PROGRAMS

Download Resources Change Password Upload Log Out

Change Password

Current Password

New Password

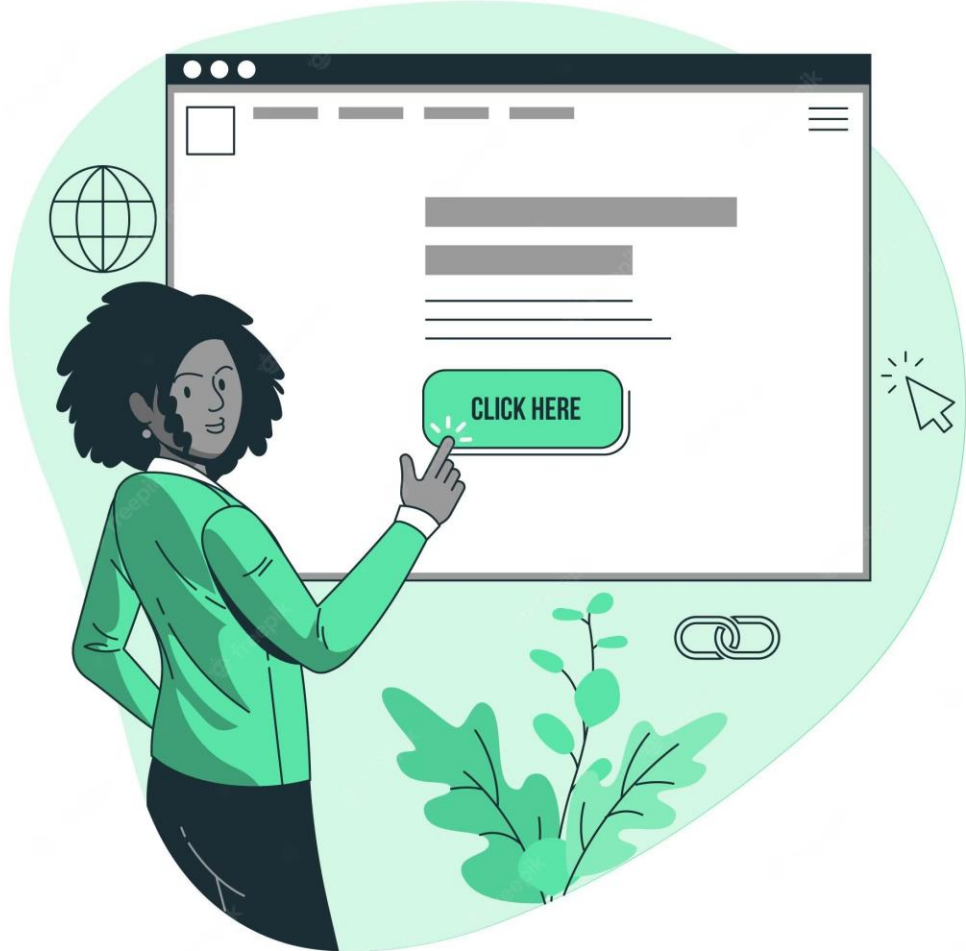
Confirm Password

Change Password

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WEB PORTAL SUBMISSIONS




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UPLOAD TAB/SCREEN

- ✓ Clicking the “Upload” tab in the header will automatically populate the Provider name. Select “Case Mix Reviews” as the file type to be uploaded
- ✓ **NOTE: Upload screen should only be used by providers at the direction of the RN review nurse during a Case Mix Review**
- ✓ To upload a file:
 - Select the “Upload” option in the header menu
 - Choose a Provider
 - Select the File Type to be uploaded (Case Mix Reviews)
 - Click on “Browse” and locate the file (documentation) to upload
 - Click “Open”
 - Click “Upload” to post the file (documentation) to the web portal
 - Click “Reset” to delete the file to upload
 - **Once file is uploaded, it cannot be deleted**
 - The RN Reviewer can now review the facility documentation




UPLOAD TAB/SCREEN



MYERS AND STAUFFER
CERTIFIED PUBLIC ACCOUNTANTS

DEDICATED TO GOVERNMENT HEALTH PROGRAMS

[Download](#) [Resources](#) [Change Password](#) [Upload](#) [Log Out](#)



Upload

Choose Provider:

Choose File Type:

Choose Version:

Max File Size: 20MB

Allowed File Extensions: .DOCX,.XLSX,.XLS,.DOC,.PDF

Drop files or click to upload. While browsing you can hold in ctrl to select multiple files.

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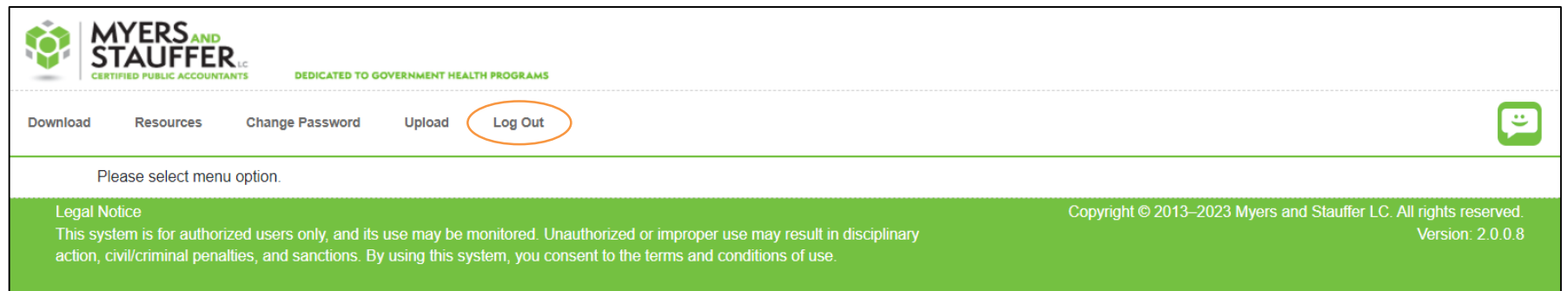
**LOG OUT
SCREEN**



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“LOG OUT”

- ✓ Clicking on “Log Out” in the header will take you back to the original Login screen.



The screenshot shows the header of the Myers and Stauffer web application. The header includes the company logo and name, the tagline "DEDICATED TO GOVERNMENT HEALTH PROGRAMS", and a navigation menu with the following items: Download, Resources, Change Password, Upload, and Log Out. The "Log Out" link is circled in orange. A chat icon is visible in the top right corner of the header. Below the header, there is a message that says "Please select menu option." The footer contains a legal notice and copyright information.

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CERTIFIED PUBLIC ACCOUNTANTS

DEDICATED TO GOVERNMENT HEALTH PROGRAMS

Download Resources Change Password Upload **Log Out**

Please select menu option.

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MDS CASE MIX REVIEW FORMS



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MDS CASE MIX REVIEW FORMS PROVIDED AT TIME OF NOTIFICATION

✓ Notification of Estimated Entrance Conference Date

- Following a phone notification, a second notification is emailed to the facility

✓ Facility Statistical Information

- Used for statistical purposes only

✓ Entrance Conference Information

- Details the review process, establishes facility liaison, begins the case mix review

✓ Medical Records Documentation Request

- Identifies the assessments subject for review
- Supporting documentation is requested based on RUG-IV classification
- Provided verbally and verified with provider



NOTE: Facility may begin uploading documentation anytime after the notification of the review until the close of business the 2nd day after the entrance conference is held.

MDS CASE MIX REVIEW FORMS

✓ No Supporting Documentation List

- Identifies the resident assessment and MDS item(s) where no supporting documentation was found
- Facility staff will be asked to sign in acknowledgement of the lack of documentation

✓ Exit Conference - Draft Preliminary Findings Letter

- Identifies findings during the case mix review
- Facility opportunity to ask questions and be engaged in the review

✓ MDS Review Final Findings Summary Letter

- Posted on the web portal approximately 30 calendar-days following the final exit conference of the case mix review



MDS CASE MIX REVIEW FORMS



- ✓ **MDS Review Final Findings Review Summary Letter, Cont.**
 - State letter to be included with final summary letter
- ✓ **MDS Facility Survey Letter**
 - Facility opportunity to provide feedback regarding the review process

NOTIFICATION OF ESTIMATED ENTRANCE CONFERENCE DATE

State of Connecticut
Department of Social Services
Case Mix Review
Notification of Estimated Entrance Conference Date

Provider Name:
Medicaid Number:
Facility Address:
Facility City, State, Zip Code:

Phone Notification Date:
Facility Contact:
Entrance Conference Date:

Lead RN Reviewer:

Please read this Case Mix Review notification carefully as it contains important information; share with others as appropriate.

On behalf of the State of Connecticut Department of Social Services, Myers and Stauffer RN Reviewer(s) will be conducting an Entrance Conference on the anticipated review date indicated above. In the event of any change from the above date, the facility will be notified.

The following options for documentation exchange include:

- Direct network access to facility software
- Facility upload of supporting documentation to a secure facility-specific web portal

All direct network access provided to the RN Reviewer must be in a secure, read-only format with access limited to the minimum necessary to accomplish the intended work purpose of this engagement.

If the facility chooses to provide direct network access to the RN Reviewer, the log-in information should be provided no later than **close of business on the 2nd business day following the entrance conference completion**. Access to facility electronic health records should be available to the RN Reviewer through the end of the review.

If the facility chooses to upload the required supportive documentation, the documentation must be uploaded to the web portal no later than close of business on the 2nd business day following the entrance conference completion.

Included in this notification is a Facility Information form, Entrance Conference form, and Web Portal Access form. The Supportive Documentation Requirements may be located at: <https://myersandstauffer.com/client-portal/connecticut/>.

- The Facility Information Form should be completed prior to the review and the facility should be prepared to upload the form to the web portal with required facility documentation and/or electronic health record access.
- The Entrance Conference Form will be completed with the review nurse at the beginning of the review; leave the form blank until that time.
 - The facility may make as many copies of the Entrance Conference Form to distribute to staff attending the entrance conference as needed. Please have this form(s) printed and ready prior to the start of the entrance conference.
- The Web Portal Access form will be utilized by facilities prior to the entrance conference to obtain web portal access if facility staff does not currently have access to the web portal.
 - **Please be certain that web portal access is obtained prior to the beginning of the entrance conference and contact the help desk at CThehelpdesk@mslc.com if assistance is needed.**

Additionally, a primary facility liaison for the length of the review will need to be established at the time of the entrance conference.

If necessary, the facility will be requested to provide assistance with accessing, navigating, and/or otherwise providing documentation as requested.

FACILITY STATISTICAL INFORMATION FORM

State of Connecticut
Department of Social Services
Case Mix Review
Facility Statistical Information

Provider Name/#:
Address:

Entrance Date: _____
Lead RN Reviewer: _____

The following facility questions are used for **statistical purposes only**.
Please complete all items and insert **NA** if not applicable.
Employment status should reflect the length of employment in this specific position in this facility.
Your cooperation is appreciated.

1. Therapy Company Affiliation (ST, PT, and OT) : _____
2. Facility Liaison: _____ Title: _____
Facility Liaison: _____ Title: _____
3. Medicaid Case Mix Consultant: Yes ____ No ____ If "Yes" please provide:
a. Consultant's name: _____ Company: _____
4. Facility phone: _____ Fax: _____
5. Facility email address: _____
6. Administrator: _____ Employment: Years ____ Months ____
7. DON: _____ Employment: Years ____ Months ____
8. MDS Coordinator: _____ Employment: Years ____ Months ____
MDS Coordinator: _____ Employment: Years ____ Months ____
9. Social Service: _____ Employment: Years ____ Months ____
10. Last Case Mix Training attended: _____ Date: _____
11. Facility census as of the entrance date of this review: _____
12. Electronic Records: Total: ____ Partial: ____ ADLs only: ____ None: ____
a. If applicable, please provide name of the software application: _____

ENTRANCE CONFERENCE INFORMATION FORM

State of Connecticut
Department of Social Services
Case Mix Review
Entrance Conference Information Form

Provider Name/ #: _____
Address: _____

Entrance Date: _____
Entrance Start Time: _____
Follow-up Review: Yes No

Facility Administrator or Designee must initial the line next to each section as discussed:

_____ MDS Assessment Review Information:

- 1) Specific MDS coding questions should be referred to the State RAI Coordinator.
- 2) Only the MDS items applicable and/or related to the RUG classification are reviewed.
- 3) Review results are based only on the supporting original legal medical record documentation available and presented during the review process and prior to the start of the exit conference.
- 4) Review results are not a determination of the accuracy or inaccuracy of the MDS assessment.
- 5) **An unsupported assessment is defined as a reviewed assessment that results in a different RUG classification with a lower CMI than the original RUG classification.**
- 6) The State threshold is 10% unsupported.
- 7) All unsupported assessments will be reclassified, based on review findings, into the reviewed RUG classification.

_____ Supporting original legal medical record documentation for the Case Mix Review:

- 8) Electronic medical record access must be provided by close of business the second day following the completion of the Entrance Conference; OR
- 9) Medical record documentation must be uploaded to the secure web portal by close of business the second day following the completion of the Entrance Conference.
 - a. If uploading medical record documentation, be sure that files names are specific to the resident, ARD and type of documentation being uploaded to facilitate the review process.

NOTE: Failure to upload electronic health record access or requested medical record documentation, except in the case of granted approval for delay or cancellation by either CT Medicaid or Myers and Stauffer, may result in review not being performed and all assessments being unsupported and/or additional penalties as instructed by the CT Department of Social Services.

_____ Facility Specific Review Information:

- 10) Initial assessment sample count is _____, representing the greater of 20% of the current resident roster or 20 assessments.
- 11) The Supportive Documentation Requirements in addition to other review resources may be located at <https://myersandstauffer.com/client-portal/connecticut/>.
- 12) The RN Reviewer will provide a resident medical record request list that includes the Resident Name, Assessment Reference Date (ARD), RUG Classification, and MDS Items to be included in the review. Supportive documentation must be submitted that is applicable for the time period being reviewed.

Prepared by Myers and Stauffer LC Page 1 of 2 DEDICATED TO GOVERNMENT HEALTH PROGRAMS

State of Connecticut
Department of Social Services
Case Mix Review
Entrance Conference Information Form

Provider Name/ #: _____

_____ Supportive Documentation Requirements will be applicable based on the assessment ARD.

_____ A facility liaison will be required to locate, navigate, or otherwise assist with medical record documentation requested by the Reviewer(s) on an as-needed basis.

- a. The RN Reviewer will contact the facility either via email or telephonically during the review as necessary for additional documentation required to support the medical records in review.

_____ The facility should upload this signed document and the facility statistical information form to the web portal no later than the submission of the electronic health records access or the medical record documentation.

_____ *Creating or altering original legal medical record supporting documentation before, during or after the Case Mix Review is not permissible. Suspected intentional alteration of or creation of supporting documentation after MDS assessments have been completed and transmitted or during the Case Mix Review shall be reported to the Division of Health Care Finance and Administration and referred to the Medicaid Fraud Control Unit of the Connecticut Attorney General's Office for investigation of possible fraud. Such an investigation could result in a felony or misdemeanor criminal conviction. In addition, the State may exercise the right to complete an additional review.*

Attendees Present During Entrance Conference

*My signature and/or initials on this form signifies that: 1) the information has been explained to me and an opportunity for questions has been provided; 2) I understand that all supporting documentation to be considered for the Case Mix Review must be submitted by close of business the second day following the close of this Entrance Conference; 3) I understand that I and/or my facility may be held responsible for suspected intentional alteration of or creation of supporting documentation, and 4) I understand the facility is entitled to receive this **completed** form electronically after completion of the final exit conference.*

Attendees Present During Entrance Conference

Attendee Signature(s)	Title	Date

Lead RN Reviewer: _____ Date: _____

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MEDICAL RECORDS DOCUMENTATION FORM

State of Connecticut
Department of Social Services
Case Mix Review
Medical Records Documentation Request

Provider Name/#: _____
Lead RN Reviewer: _____
Date: _____

Time List Provided: _____
Time Last Record Completed: _____

The RN Reviewer requests documentation for the resident assessments listed below. This documentation should be uploaded to the web portal by close of business the second day following the conclusion of the entrance conference.

	<i>Resident List</i>	<i>ARD</i>	<i>RUG</i>	<i>Additional Documentation Requested</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

NO SUPPORTING DOCUMENTATION FORM

State of Connecticut
Department of Social Services
Case Mix Review
No Supporting Documentation List

Provider Name/#: _____
Lead RN Reviewer: _____

Review Date: _____

My initials and/or signature on this document certify that I have no supporting documentation for the MDS item(s) identified on this list.

	<i>Resident Name</i>	<i>ARD</i>	<i>MDS Item Lacking Documentation</i>	<i>Facility Initials</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Administrator or Designee: _____ Date: _____

Lead RN Reviewer: _____ Date: _____

EXIT CONFERENCE DRAFT PRELIMINARY FINDINGS LETTER

State of Connecticut
Department of Social Services
Case Mix Review
Exit Conference Preliminary Findings Information

Provider Name/#: _____
Address: _____

Final Exit Date: _____
Final Exit Start Time: _____
Lead RN Reviewer: _____

Case Mix Review Statistics

	Supported	Unsupported	Total
Extensive Services:			
Rehabilitation:			
Special Care High:			
Special Care Low:			
Clinically Complex:			
Behavioral Symptoms and Cognitive Performance:			
Reduced Physical Function:			
Total Assessments:			

Preliminary Unsupported Percent: _____ %

The following RUG items have been identified as having insufficient supportive documentation during this Case Mix Review. Please refer to Chapter 3 of the RAI Manual and/or the Supportive Documentation Requirements for additional information.

_____ 1. **Comatose**; B0100-comatose-persistent vegetative state/no discernible consciousness

_____ 2. **Resident Cognition Items: BIMS Items**; C0200-repetition of three words, C0300-temporal orientation, C0400-recall; **Impaired Cognition Items**; B0700-Makes Self Understood, C0700-Short-term Memory, C1000-Cognitive Skills for Daily Decision Making

_____ 3. **Resident Mood Items; Resident Interview Mood Items**; (PHQ-9®) D0200A-I; **Staff Assessment Mood Items**; (PHQ-9-OV®) D0500A-J

_____ 4. **Behavior Items**; E0100A-Hallucinations/ E0100B-Delusions/ E0200A-Physical Behavioral Symptoms/ E0200B-Verbal Behavioral Symptoms/ E0200C-Other Behavioral Symptoms/ E0800-Rejection of Care/ E0900-Wandering

_____ 5. **ADL Items, Self-Performance and Support-Provided**; G0110A-Bed Mobility/ B-Transfer/ H-Eating/ I-Toilet Use

_____ 6. **Bladder and Bowel Items**; H0200C-Current Toileting Program or Trial/ H0500-Bowel Toileting Program

Prepared by Myers and Stauffer LC Page 1 of 4 DEDICATED TO GOVERNMENT HEALTH PROGRAMS

State of Connecticut
Department of Social Services
Case Mix Review
Exit Conference Preliminary Findings Information

Provider Name/#: _____

_____ 7. **Diagnosis Items**; I2000-Pneumonia/ I2100-Septicemia/ I2900-Diabetes Mellitus/ I4400-Cerebral Palsy/ I4900-Hemiplegia/ I5100-Quadriplegia/ I5200-Multiple Sclerosis/ I5300-Parkinson's Disease/ I6200-Asthma, COPD or Chronic Lung Disease/ I6300-Respiratory Failure

_____ 8. **Health Problem Condition Items**; J1100C-Shortness of Breath/ J1550A-Fever/ J1550B-Vomiting

_____ 9. **Weight Loss**; K0300-weight loss of 5% or more in the last month and/or weight loss of 10% or more in the last 6 months

_____ 10. **Nutritional Approach Items**; K0510A-Parenteral/IV Feeding/ K0510B-Tube Feeding

_____ 11. **Percent Intake by Artificial Route Items**; K0710A3-Proportion of total calories received through parenteral or tube feeding/ K0710B3-Average fluid intake per day

_____ 12. **Unhealed Pressure Ulcer/Injury Stage Items**; M0300B1-D1-Ulcers Staging/ F1-Unstageable Ulcers

_____ 13. **Venous and Arterial Ulcer Item**; M1030-Number of Venous and Arterial Ulcers

_____ 14. **Other Ulcer, Wound and Skin Problem Items**; M1040A-Infection of the Foot/ M1040B-Diabetic Foot Ulcer/ M1040C-Other Open Lesion on the Foot/ M1040D-Open Lesions/ M1040E-Surgical Wounds/ M1040F-Burns

_____ 15. **Skin and Ulcer Treatment Items**; M1200A-Chair/ B-Bed/ M1200C-Turning/Repositioning Program/ M1200D-Nutrition or Hydration Intervention/ M1200E-Pressure Ulcer Care/ M1200F-Surgical Wound Care/ M1200G-Applications of Nonsurgical Dressings Other Than to Feet/ M1200H-Application of Ointments/ Medications Other Than to Feet/ M1200I-Application of Dressings (feet)

_____ 16. **Insulin Items**; N0350A-Days of Insulin Injections/ N0350B-Days of Insulin Order Changes

Prepared by Myers and Stauffer LC Page 2 of 4 DEDICATED TO GOVERNMENT HEALTH PROGRAMS



EXIT CONFERENCE DRAFT PRELIMINARY FINDINGS LETTER

State of Connecticut
 Department of Social Services
 Case Mix Review – Exit Conference
 Draft Preliminary Findings Letter

Provider Name/#:

_____ 17. **Special Treatments, Procedures and Programs Requiring Administration Documentation;** O0100A2-Chemotherapy/ O0100B2-Radiation/ O0100C2-Oxygen Therapy/ O0100E2-Tracheostomy Care/ O0100F2-Ventilator/ O0100H2-IV Medication/ O0100I2-Transfusion/ O0100J2-Dialysis/ O0100M2- Isolation or Quarantine for Active or Infectious Disease

_____ 18. **Licensed Therapy Items;** O0400A-Speech Therapy/ B-Occupational Therapy/ C-Physical Therapy: O0420- Distinct Calendar Days of Therapy

_____ 19. **Respiratory Therapy Days Item;** O0400D2-Respiratory Therapy

_____ 20. **Restorative Nursing Program Items;** O0500A-J

_____ 21. **Lack of Electronic Signatures Policy to Ensure Proper Security Measures;**

_____ 22. **Z0400 Interview Items Dated Outside of Observation Period;** Interview MDS items not dated within the observation period at Z0400.

_____ 23. **Facility Software Displayed Inaccurate Data;** ADL score calculation/ ADL task and components related to the specific ADL activity/ Z0400 date/ Z0500 date.

_____ This exit conference provides preliminary results; the MDS Validation Review Findings Final Summary Letter will be posted to the web portal at <https://ctcasemixreports.mslc.com/> 30 calendar-days following the final exit date of this review.

_____ This review exceeded the state threshold, therefore the facility is required to complete a Validation Improvement Plan (VIP). The VIP required components are outlined in the MDS Validation Review Findings Final Summary Letter and shall be developed by the facility and uploaded to the web portal at <https://ctcasemixreports.mslc.com> 30 calendar-days following the posting of the MDS Validation Review Final Findings Summary Letter to the web portal.

_____ The facility has the right to request an informal reconsideration. Complete details are provided below:

If you disagree with the preliminary review findings, you have the right to request an informal reconsideration. Your written request for an informal reconsideration must be delivered to or otherwise mailed via United States Postal Service (USPS) certified mail within 30 calendar-days of receipt of this Draft Preliminary Findings Letter to:

Myers and Stauffer LC
ATTN: Heather Stoddard, BSN, RN, RAC-CT
800 East 96th Street, Suite 200
Indianapolis, IN 46240

OR

State of Connecticut
 Department of Social Services
 Case Mix Review – Exit Conference
 Draft Preliminary Findings Letter

The facility may post the request for an informal reconsideration to the Myers & Stauffer Web portal within 30 calendar-days of receipt of this Draft Preliminary Findings Letter.

If uploading the informal reconsideration request to the web portal please send an email to hstoddard@mslc.com once the document is uploaded to the portal for retrieval.

Please do not submit protected health information (PHI) including resident names and/or other identifiers via fax or email.

Additional Comments:

Attendees Present During Exit Conference

My signature and/or initials on this form signifies that: 1) the information has been explained to me and an opportunity for questions has been provided; 2) I and/or my facility may be held responsible for suspected intentional alteration of or creation of supporting documentation, and 3) I understand the facility is entitled to receive this form electronically after completion of the final exit conference.

Exit Date: _____ Exit Date: _____

Attendee Signature(s)	Title	Attendee Signature(s)	Title
-----------------------	-------	-----------------------	-------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Administrator/Designee Signature	Date/Time	Administrator/Designee Signature	Date/Time
----------------------------------	-----------	----------------------------------	-----------

Lead RN Reviewer Signature	Date/Time	Lead RN Reviewer Signature	Date/Time
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FINAL EXIT SUMMARY FINDINGS LETTER



Date

Provider Name
Provider Address

Dear Administrator,

Myers and Stauffer, on behalf of the State of Connecticut, Department of Social Services, appreciate the cooperation from your facility during the Case Mix Review completed on (date). As discussed during the preliminary exit conference, this review may have identified MDS assessments that did not meet Connecticut documentation standards as outlined in the Resident Assessment Instrument (RAI) Manual and/or Supportive Documentation Requirements.

This Case Mix Review Final Findings Summary Letter summarizes the number of assessments reviewed and lists them in RUG hierarchical order including the final percent of unsupported assessments. The reviewed assessments reflect both the supported and unsupported totals.

Case Mix Review Findings Final Statistics

	<u>Supported</u>	<u>Unsupported</u>	<u>Total</u>
Extensive Services:			
Rehabilitation:			
Special Care High:			
Special Care Low:			
Clinically Complex:			
Behavioral Symptoms and Cognitive Performance:			
Reduced Physical Function:			
Total Assessments:			
Final Unsupported Percent:			_____ %

Included are the MDS items and frequency that were identified as having insufficient supporting documentation at the time of the Review. Please refer to Chapter 3 of the RAI Manual and/or the Supportive Documentation Requirements for additional information.

Provider Name / Number

Additionally, if the review results exceeded the state threshold (greater than 10% unsupported) you are required to develop and complete a Validation Improvement Plan (VIP). This improvement plan must include: 1) those areas identified in this letter that lacked sufficient documentation, 2) the facility plan for documentation improvements specific to these items identified, and 3) the implementation date for each improvement plan. The Administrator or designee must sign and date the Validation Improvement Plan.

The Validation Improvement Plan must be delivered to or otherwise mailed via USPS at the address below or uploaded to the Myers & Stauffer Web portal within 30 calendar-days of receipt of this letter:

Myers and Stauffer LC
ATTN: Heather Stoddard, BSN, RN, RAC-CT
800 East 96th Street, Suite 200
Indianapolis, IN 46240

If uploading the VIP to the web portal please send an accompanying email to hstoddard@mslc.com once the document is uploaded to the portal for retrieval.

Please do not submit PHI including resident names and/or other identifiers via fax or email. This format will not be accepted as complete for purposes of compliance.

Again, thank you for the assistance provided to our staff during the recent Case Mix Review. If you have any questions about the information provided in this letter, please feel free to contact me.

Best Regards,

Heather Stoddard, BSN, RN
Healthcare Manager
Myers and Stauffer LC
800 East 96th Street, Suite 200
Indianapolis, IN 46240
317-816-4122

MDS FACILITY SURVEY LETTER



Date

Provider Name
Provider Address

Dear Administrator,

Myers and Stauffer, on behalf of the Connecticut Department of Social Services, is enclosing a Case Mix Review evaluation form including a self-addressed stamped return envelope. Because our goal is to provide high quality professional reviews, your input on the evaluation questions will be valuable as our services are reviewed.

This brief evaluation should take only a couple of minutes. We encourage you to solicit input from staff members participating in the Case Mix Review to provide us with an accurate assessment of our performance.

Should you have any questions or comments please feel free to contact me directly at hstoddard@mslc.com. Your time and comments are greatly appreciated.

Sincerely,

Heather Stoddard, BSN, RN, RAC-CT
Healthcare Manager Myers and Stauffer LC
800 East 96th Street, Suite 200
Indianapolis, IN 46240
317-816-4122

Enclosure

Provider Name / Number

Date of Review:

Review Unsupported Percent: %

Thank you for your cooperation during the Case Mix Review. Please take a few minutes to complete and return in the enclosed self-addressed stamped return envelope.

Using the key below, please check the response that most appropriately indicates your experience with the Case Mix Review. If any of the areas are scored "2" or less, please provide additional information in the "Comments/Requests/Suggestions" section. We value your feedback and utilize this information for improvements.

5	4	3	2	1
Very Satisfied	Satisfied	Average	Dissatisfied	Very Dissatisfied

	5	4	3	2	1
Were you notified professionally and courteously when contacted for your review?					
Was the email notification information consistent with that provided during the phone notification?					
Was the RN Reviewer(s) professional and courteous?					
Were you satisfied with the knowledge level of the RN Reviewer?					
Did you feel the RN Reviewer was properly prepared for the Review? (E.g. timely, organized requests, responses received, etc.)					
Did the RN Reviewer(s) provide education and adequately answer questions during the review process?					
Was your Summary Review Results letter posted within 20-business days of your final exit conference date?					
Has the Myers and Stauffer help-desk been professional and courteous?					
Has the Myers and Stauffer help desk provided information in a timely manner upon request?					
Please rate your overall experience with this review.					

Comments/Requests/Suggestions:

Name and Title of Person Completing Survey (Optional):

MDS CASE MIX REVIEW

Post-MDS Case Mix Review Protocol:

✓ MDS Final Exit Summary Findings Letter

- Posted to the web portal no later than 30 calendar-days following the final exit conference date.

✓ Informal Reconsideration Process

- Facility has 30 calendar-days from the date of receipt of the Draft Preliminary Review Findings Letter (letter/findings received at the final exit conference) to request an informal reconsideration.
- Connecticut Department of Social Services will respond to the informal reconsideration no later than 30 calendar-days following receipt of the request for an informal reconsideration.

MDS CASE MIX REVIEW

Corrective Remedy

- ✓ At the close of the review all unsupported assessments will be reclassified into the RUG-IV classification based on review findings.

Post-MDS Case Mix Review Protocol:

- ✓ Follow-up Reviews
 - Follow-up reviews will be conducted at the State's discretion
 - Follow-up reviews **may be conducted on-site** at the State's discretion
- ✓ Case Mix Validation Improvement Plan (VIP)
 - Required when review threshold exceeds 10% unsupported
 - Information on the Final Exit Summary Findings Letter
 - Due to be posted to the web portal within 30 calendar-days of the posting of the Final Exit Summary Findings Letter

MDS CASE MIX REVIEW

Post-MDS Case Mix Review Protocol:

- ✓ Information on the Final Exit Summary Findings Letter

ADAMS HERITAGE(200289420)		Case Mix Review Findings
5-Activity of Daily Living; Self-Performance and Support Provided Items		
<u>1</u>	G0110B1-Transfer-Self-Performance	
<u>1</u>	G0110B2-Transfer-Support Provided	
Lacked supporting documentation for one or more of the following ADL conditions within some or all shifts and/or lacked date within the observation period while in the facility: 1) facility was unable to locate ADL documentation; 2) documentation provided was inconsistent with the transmitted values reported on the MDS resulting in a RUG classification change; 3) ADL key was not readily available and/or not understood by staff; 4) key for coding the ADLs was not equivalent to the intent and definition of the MDS key; 5) ADL lacked all tasks and components related to the specific ADL; 6) narrative ADL documentation lacked the degree of self-performance and/or support provided necessary and was therefore not equivalent to the intent and definition of the ADL key; 7) documentation lacked initials and/or associated signatures; and/or 8) documentation lacked resident name and/or complete date.		
<u>1</u>	Assessment(s) lacking sufficient supporting documentation in this category.	
10-Nutritional Approach Item		
<u>1</u>	K0510B-Feeding tube	
Lacked supporting documentation of nutrition and/or hydration received via feeding tube by the resident and/or lacked date within the observation period either at the nursing home, at the hospital as an outpatient or inpatient.		
<u>1</u>	Assessment(s) lacking sufficient supporting documentation in this category.	
11-Percent Intake by Artificial Route Item		
<u>1</u>	K0710A3-Proportion of total calories received through parenteral or tube feeding within entire 7 days	
Lacked supporting documentation for one or more and/or lacked date within the observation period: 1) lacked support of the proportion of calories actually received for nutrition and/or hydration through the tube feeding during entire 7-day observation period; 2) lacked intake records to determine actual caloric intake; and/or 3) lacked oral intake documentation.		
<u>1</u>	Assessment(s) lacking sufficient supporting documentation in this category.	
11-Percent Intake by Artificial Route Item		
<u>1</u>	K0710B3-Average fluid intake per day through parenteral or tube feeding within entire 7 days	
Lacked supporting documentation of one or more and/or lacked date within the observation period: 1) lacked support of the average fluid intake actually received through the tube feeding during entire 7-day observation period; and/or 2) lacked intake records to determine actual fluid intake.		
<u>1</u>	Assessment(s) lacking sufficient supporting documentation in this category.	

MDS CASE MIX REVIEW

Post-MDS Case Mix Review Protocol:

- ✓ Information on the Final Exit Summary Findings Letter

5-Activity of Daily Living; Self-Performance and Support Provided Items

1 G0110B1-Transfer-Self-Performance
1 G0110B2-Transfer-Support Provided

Lacked supporting documentation for one or more of the following ADL conditions within some or all shifts and/or lacked date within the observation period while in the facility: 1) facility was unable to locate ADL documentation; 2) documentation provided was inconsistent with the transmitted values reported on the MDS resulting in a RUG classification change; 3) ADL key was not readily available and/or not understood by staff; 4) key for coding the ADLs was not equivalent to the intent and definition of the MDS key; 5) ADL lacked all tasks and components related to the specific ADL; 6) narrative ADL documentation lacked the degree of self-performance and/or support provided necessary and was therefore not equivalent to the intent and definition of the ADL key; 7) documentation lacked initials and/or associated signatures; and/or 8) documentation lacked resident name and/or complete date.

1 **Assessment(s) lacking sufficient supporting documentation in this category.**

10-Nutritional Approach Item

1 K0510B-Feeding tube

Lacked supporting documentation of nutrition and/or hydration received via feeding tube by the resident and/or lacked date within the observation period either at the nursing home, at the hospital as an outpatient or inpatient.

1 **Assessment(s) lacking sufficient supporting documentation in this category.**

MDS CASE MIX REVIEW

Informal Reconsideration Protocol:

- ✓ An Informal Reconsideration may be requested if the facilities disagrees with the review findings.
 - Written request for Informal Reconsideration must be delivered to or otherwise mailed via USPS certified mail so that it is received within 30 calendar-days of the posting of the Case Mix Final Exit Summary Findings Letter:

Myers and Stauffer

ATTN: Heather Stoddard, BSN, RN, RAC-CT

800 East 96th Street, Suite 200

Indianapolis, IN 46240

- Written request may also be posted to the web portal within 30 calendar-days of the posting of the Case Mix Final Exit Summary Findings Letter with an accompanying email to hstoddard@mslc.com.



STATE APPROVED POLICIES AND PROCEDURES



**MYERS AND
STAUFFER** LC
CERTIFIED PUBLIC ACCOUNTANTS

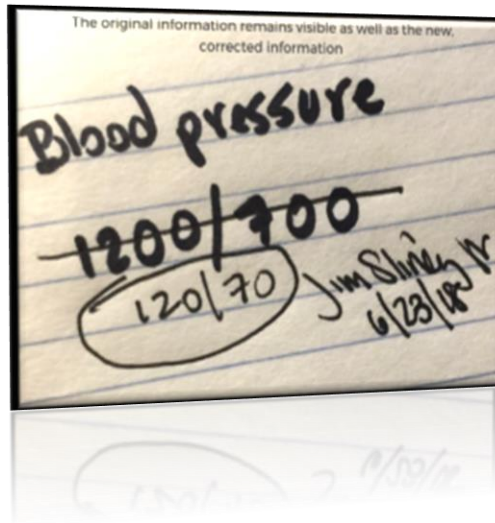
MDS CASE MIX REVIEW POLICIES



- ✓ Medical Record Correction Policy

MDS CASE MIX REVIEW POLICIES

- Medical Record Correction Policy



State of Connecticut
Department of Social Services
Case Mix Review
Medical Record Correction Policy

- Policy:** Minor changes or corrections in the resident's status should be noted in the resident's record, in accordance with standards of clinical practice and documentation. Once documentation is recorded in the medical record, facilities may not "change" previously recorded documentation. Facilities may correct inaccurate notations by following the CMS Correction Policy. This policy allows for a correction methodology in accordance with standards of clinical practice and documentation.
- Purpose:** RN Reviewer will consistently follow standard protocols and procedures for accepting medical record documentation corrections from all skilled nursing facilities.
- Procedure:** The resident's original permanent medical record is a legal record. Changes made to the electronic record or hard copy record maintained after data transmission are not recognized as proper corrections. Therefore, the Connecticut Department of Social Services has made provisions to allow proper corrections for the electronic record or paper record maintained in the resident's original permanent medical record as follows:
- If an error is discovered in the medical record supporting documentation within 14 days of the MDS assessment reference date (ARD), but no later than the completion date of the MDS and before submission to the internet Quality Improvement and Evaluation System (iQIES) Assessment Submission and Processing (ASAP) system, the documentation may be corrected using standard editing procedures.
 - In cases of corrections, obliterations, errors or mistaken entries staff must, at a minimum, draw a line through the incorrect information and include the staff's initials, the date the correction was made and the correct information.
 - Any corrections made including but not limited to, the Activities of Daily Living (ADL) documentation must have an associated **note of explanation per correction**.
 - If a significant error is discovered in a record after submission to the iQIES ASAP system, modification or inactivation procedures must be followed as directed in Chapter 5 of the RAI manual.
 - A quarterly or summary note will not substitute for an occurrence correction for the Case Mix Review unless there is date(s)/episodes identified specifically within the summary.
 - Improper or illegible corrections will not be accepted for the Case Mix Review.
 - All documentation, including corrections, must be part of the original legal medical record.
 - All MDS coding and interpretation questions shall be referred to the State RAI Coordinator.

MDS CASE MIX REVIEW POLICIES



- ✓ Health Records Policy

MDS CASE MIX REVIEW POLICIES

- Health Records Policy



State of Connecticut
Department of Social Services
Case Mix Review
Health Records Policy

- Policy:** It is the policy of the Connecticut Department of Social Services to examine/review original medical record documentation to support resident assessment data (Minimum Data Set–MDS) for the Case Mix Review.
- Purpose:** RN Reviewers will consistently review resident original permanent legal medical records following standard protocols and procedures for all skilled nursing facilities.
- Procedure:** Health care providers using Health Information Technology (HIT), in particular, Electronic Health Records (EHRs) are required to comply with the following procedures:
- The facility must:
 - Designate a liaison who will provide access to the system for the RN Reviewer, and/or
 - Retrieve electronic health record information within the allowed timeline.
 - The provider is solely responsible for ensuring that all necessary back up of data and security measures are in place.

Electronic health records may not eliminate the need for printed/scanned copies of records or portions of the medical records. The RN Reviewer shall make reasonable efforts to request records for only those portions of the record deemed absolutely essential in performing the medical record review.

Existing requirements allow the RN Reviewer authorization by law to review medical records whether those records are paper or electronic record systems. The facility should ensure that electronic data is backed-up and secure, and does not impede the review process or provision of care and services to beneficiaries.

*Health Records shall be defined as computer records, scanned records and/or any records otherwise maintained as legal medical documentation.

Effective 5/1/23

