

NORTH DAKOTA

NURSING FACILITY

PAYMENT SYSTEM

North Dakota Department of Human Services
Medical Services
600 E Boulevard Ave Dept 325
Bismarck ND 58505

BACKGROUND

State law requires all nursing facilities to charge both private pay and Medicaid residents the same rate for services based on a case mix system. Additional charges may be made by a facility for private room or services which are not required to be provided. Nursing facilities have been operating with case mix and equalization of rates since January 1, 1990.

WHAT IS A CASE MIX PAYMENT SYSTEM?

Case Mix is a means of payment for a resident's cost of care that is based on documented evidence of the intensity of care and services provided to the resident.

Each nursing facility has forty-eight case mix classifications with a corresponding payment rate. The payment rate for a resident who needs more care will be higher than for a resident who needs less care. Equalization of rates requires all residents be charged the same rate for comparable care and services.

DO ALL NURSING FACILITIES HAVE THE SAME RATES?

No. Each facility will have its own set of rates. A facility's rates are based on costs incurred by the facility for property, administration, chaplain, medical records, plant operations, housekeeping, dietary, pharmacy consultant, food, laundry, social services, activities, therapies, and nursing. Only the portion of the rates related to nursing and therapy costs varies by classification.

Each facility's rates change on January 1. Rate changes may also occur during the year to adjust costs due to audits, property changes, or one-time adjustments.

HOW IS MY RATE DETERMINED?

Your rate is determined by your classification. Your classification is generated by a form called the Minimum Data Set (MDS). The MDS is completed by an interdisciplinary team at the facility. The information used to support the MDS is documentation in your medical record. Once completed, the MDS is sent to the North Dakota Department of Human Services and a classification is assigned, based on the information in the Minimum Data Set.

WILL MY RATE REMAIN THE SAME ONCE I HAVE BEEN CLASSIFIED?

Your rate will change if your classification changes. Classification changes can only occur at specific assessments. MDS assessments are completed within fourteen days after admission to a nursing facility or upon return from the hospital. In addition, you will be assessed every three months.

You remain in the same classification until the next assessment or at the start or stop of therapies, even though your condition may change. The daily rate associated with your classification will also remain the same unless a rate adjustment creates a change in the facility's rates.

WHAT TYPES OF THINGS DETERMINE A CLASSIFICATION?

The North Dakota Case Mix System consists of forty-eight resident classifications. There are seven major clinical groups. Each clinical group is divided into subgroups based on the resident's Activities of Daily Living (ADL) score, nursing rehabilitation, and signs of depression.

The ADL score reflects the degree of assistance needed in four specific areas: eating, toileting, transferring, and bed mobility. The ADL score ranges from zero to sixteen. A score of zero represents independence or minimal supervision with these ADLs. A score of sixteen means a resident is completely dependent in these ADLs.

NURSING REHABILITATION SERVICES

Nursing rehabilitation services are being provided if a resident receives two or more of the following for at least fifteen minutes per day for at least six of the seven days preceding the assessment:

1. Passive or active range of motion;
2. Amputation or prosthesis care;
3. Splint or brace assistance;
4. Dressing or grooming training;
5. Eating or swallowing training;
6. Bed mobility or walking training;
7. Transfer training;
8. Communication training; or
9. Urinary toileting / bladder training program or bowel training program.

SIGNS OF DEPRESSION

A resident has signs of depression if the resident exhibits the following:

1. Little interest or pleasure in doing things;
2. Feeling down, depressed or hopeless;
3. Trouble falling or staying asleep, or sleeping too much;
4. Feeling tired or having little energy;
5. Poor appetite or overeating;
6. Feeling bad about yourself, that you are a failure or have let yourself or your family down;
7. Trouble concentrating on things, such as reading the newspaper or watching television;
8. Moving or speaking so slowly that other people could have noticed;
9. Being so fidgety or restless that you have been moving around a lot more than usual; or
10. Thoughts that you would be better off dead, or hurting yourself in some way.

Special characteristics in each major clinical group are:

A. REHABILITATION CATEGORY.

A resident must receive rehabilitation therapy to qualify for this group. A subgroup is assigned based on the resident's activities of daily living score. A rehabilitation category may be assigned within a classification period based on the start date if therapies are begun on any date not within an assessment reference period. A rehabilitation category may be discontinued within a classification period based on the stop date if therapies are stopped on any date not within an assessment reference period.

SUBGROUPS	ADL SCORE
Rehabilitation E	15 - 16
Rehabilitation D	11 - 14
Rehabilitation C	6 - 10
Rehabilitation B	2 - 5
Rehabilitation A	0 - 1

B. EXTENSIVE SERVICE CATEGORY.

A resident must have within the fourteen days preceding the assessment required a ventilator and respirator, received tracheostomy care and suctioning; or required infection isolation.

A resident who qualifies for the extensive services category but has an activities of daily living score of zero or one will be classified as Clinically Complex.

SUBGROUPS	CONDITIONS	ADL SCORE
Extensive Services 3	Ventilator/Respirator	2 - 16
Extensive Services 2	Tracheostomy care and Suctioning	2 - 16
Extensive Services 1	Infection Isolation	2 - 16

C. SPECIAL CARE HIGH CATEGORY.

A resident must have at least one of the following conditions or services:

1. Comatose and completely dependent for activities of daily living;
2. Septicemia;
3. Diabetes mellitus, with insulin injections seven days per week and two or more insulin order changes;
4. Quadriplegia with an activities of daily living score of at least five;
5. Chronic obstructive pulmonary disease and shortness of breath when lying flat;
6. A fever in combination with pneumonia, vomiting, weight loss or tube feeding;
7. Parenteral or intravenous feedings provided and administered by the facility; or
8. Respiratory therapy seven days a week.

A resident who qualifies for the special care high category is assigned a subgroup based on the resident's activities of daily living score and whether the resident has signs of depression.

SUBGROUPS	ADL SCORE	SIGNS OF DEPRESSION
Special Care High HE2	15 – 16	Yes
Special Care High HE1	15 – 16	No
Special Care High HD2	11 – 14	Yes
Special Care High HD1	11 – 14	No
Special Care High HC2	6 – 10	Yes
Special Care High HC1	6 – 10	No
Special Care High HB2	2 – 5	Yes
Special Care High HB1	2 – 5	No

D. SPECIAL CARE LOW CATEGORY.

A resident must have a least one of the following conditions or services:

1. Cerebral palsy, multiple sclerosis or Parkinson’s disease with an activities of daily living score of at least five;
2. Respiratory failure and oxygen therapy while a resident;
3. Tube feedings that comprise at least 26% of daily caloric requirements and at least 501 milliliters of fluid through the tube per day;
4. Any of the following combination of ulcers with two or more skin treatments:
 - a. Two or more stage 2 pressure ulcers
 - b. Any stage 3 or 4 pressure ulcer;
 - c. Two or more venous/arterial ulcers; or
 - d. One stage 2 pressure and one venous/arterial ulcer.
5. Foot infection, diabetic foot ulcer or other open lesion of foot with application of dressings to the feet;
6. Radiation treatment while a resident; or
7. Dialysis treatment while a resident;

A resident who qualifies for the clinically complex category is assigned a subgroup based on the resident’s activities of daily living score and whether the resident has signs of depression.

SUBGROUPS	ADL SCORE	SIGNS OF DEPRESSION
Special Care Low LE2	15 - 16	Yes
Special Care Low LE1	15 - 16	No
Special Care Low LD2	11 – 14	Yes
Special Care Low LD1	11 – 14	No
Special Care Low LC2	6 - 10	Yes
Special Care Low LC1	6 - 10	No
Special Care Low LB2	2 - 5	Yes
Special Care Low LB1	2 - 5	No

E. CLINICALLY COMPLEX CATEGORY.

A resident must have a least one of the following conditions or services:

1. Pneumonia;
2. Score hemiplegia/hemiparesis with an activities of daily living score of at least five;
3. Surgical wounds or open lesions with surgical wound care or application of dressing or ointment;
4. Burns;
5. Chemotherapy while a resident;
6. Oxygen therapy while a resident;
7. IV medications while a resident; or
8. Transfusions while a resident.

SUBGROUPS	ADL SCORE	SIGNS OF DEPRESSION
Clinically Complex E2	15 – 16	Yes
Clinically Complex E1	15 – 16	No
Clinically Complex D2	11 – 14	Yes
Clinically Complex D1	11 – 14	No
Clinically Complex C2	6 – 10	Yes
Clinically Complex C1	6 – 10	No
Clinically Complex B2	2 – 5	Yes
Clinically Complex B1	2 – 5	No
Clinically Complex A2	0 – 1	Yes
Clinically Complex A1	0 - 1	No

F. BEHAVIORAL SYMPTOMS AND COGNITIVE PERFORMANCE CATEGORY

A resident must have at least one of the following conditions or services and have an activities of daily living score of less than six:

1. Be cognitively impaired based on one of the following:
 - a. A brief interview of mental status score of less than ten;
 - b. Coma and completely dependent for activities of daily living;
 - c. Severely impaired cognitive skills; or
 - d. Have a severe problem being understood or severe cognitive skills problem and two or more of the following:
 - i. Problem being understood;
 - ii. Short-term memory problem; or
 - iii. Cognitive skills problem.
2. Exhibit behavioral symptoms with one or more of the following symptoms:
 - a. Hallucinations;
 - b. Delusions;
 - c. Physical or verbal behavior symptoms directed toward others;
 - d. Other behavior symptoms not directed toward others;
 - e. Rejection of care; or
 - f. Wandering.

A resident who qualifies for the behavioral symptoms and cognitive performance category is assigned a subgroup based on the resident's activities of daily living score and the resident's need for nursing rehabilitation services.

SUBGROUPS	ADL SCORE	NURSING REHABILITATION
Behavior Only B2	2 - 5	Yes
Behavior Only B1	2 - 5	No
Behavior Only A2	0 - 1	Yes
Behavior Only A1	0 - 1	No

G. REDUCED PHYSICAL FUNCTIONING CATEGORY.

A resident who does not qualify for any other group is assigned a subgroup based on the resident's activities of daily living score and the resident's need for nursing rehabilitation services.

SUBGROUPS	ADL SCORE	NURSING REHABILITATION
Reduced Physical Functioning E2	15 - 16	Yes
Reduced Physical Functioning E1	15 - 16	No
Reduced Physical Functioning D2	11 - 14	Yes
Reduced Physical Functioning D1	11 - 14	No
Reduced Physical Functioning C2	6 - 10	Yes
Reduced Physical Functioning C1	6 - 10	No
Reduced Physical Functioning B2	2 - 5	Yes
Reduced Physical Functioning B1	2 - 5	No
Reduced Physical Functioning A2	0 - 1	Yes
Reduced Physical Functioning A1	0 - 1	No

WHAT IF I DISAGREE WITH MY CLASSIFICATION?

You have the right to review the documentation supporting your classification. You also have the right to appeal your classification. If requested, the nursing facility will assist you in this process.

WHAT IF I NEED MORE INFORMATION?

If you need more information you may contact your local nursing facility or the Medical Services Division, North Dakota Department of Human Services, 600 E Boulevard Ave – Dept 325, Bismarck, ND 58505-0260. Telephone 701-328-2321 or 800-755-2604 or FAX 701-328-1544.

A detailed guide to assigning a nursing facility classification is available at:

<http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-all.html>

The Department of Human Services makes available all services and assistance without regard to race, color, religion, national origin, age, sex, political beliefs, disability, or status with respect to marriage or public assistance, in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, and the North Dakota Human Rights Act of 1983. Persons who contract with or receive funds to provided services for the North Dakota Department of Human Services are obligated to abide by the provisions of these laws. The Department of Human Services makes its program accessible to persons with disabilities.