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- (2) For providers submitting data in electronic format, a paper copy of the ODHS 2222 form must accompany the data. The data must be submitted in the exact RECORD layout contained in ODHS specifications. THE DISKETTE MUST BE LABELED WITH THE FACILITY NAME AND MEDICAID PROVIDER NUMBER.

Effective Date: _____

Certification: _____

Date

Promulgated Under: Revised Code Chapter 119.

Statutory Authority: Revised Code Sections 5111.02; 5111.231.

Rule Amplifies: Revised Code Sections 5111.01, 5111.02, 5111.231.

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Resident assessment classification system (RACS): the intermediate care facility for the mentally retarded (ICF-MR) case mix payment system.

The Ohio department of human services (ODHS) shall pay each eligible intermediate care facility for the mentally retarded (ICF-MR) a per resident per day rate for direct care costs established prospectively for each facility. The department shall establish each facility's rate for direct care costs quarterly. Each facility's rate for direct care costs shall be based on a case mix payment system.

(A) The Ohio medicaid case mix payment system for direct care contains the following core components:

- (1) As set forth in rule 5101:3-3-75 of the Administrative Code, a uniform resident assessment instrument (the ODHS 2220 "Ohio ICF-MR Individual Assessment Form" (IAF)) and as set forth in appendix A of this rule, a database which provides the core data elements that are used to group residents into case mix categories;
- (2) A methodology for grouping residents into case mix groups in a way that is clinically meaningful and uses criteria that sufficiently differentiates one group from another, as outlined in paragraph (C) of this rule;
- (3) The identification of those specific costs within the direct care cost category which will be affected by changes in case mix, as described in paragraph (F) of this rule.
- (4) A means of measuring the relative costliness of caring for residents in one group versus another, known as "relative resource weights", as described in paragraph (G) of this rule.

(B) The medicaid ICF-MR case mix payment system shall use the methodology for classifying residents, known as RACS (resident assessment classification system) and described in this rule. Residents in each resident assessment class utilize similar quantities and patterns of resources. The resident assessment classification system includes the following four mutually exclusive classes of residents:

- (1) Chronic medical;
- (2) Overriding behaviors;
- (3) High adaptive needs and/or chronic behaviors, and;
- (4) Typical adaptive needs and nonsignificant behaviors.

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The RAC classes are listed in descending order of hierarchy. Based on the items in the IAF, if a resident meets the criteria for placement in more than one class, the resident will always be placed in the highest class according to the hierarchy. Classifiable residents without any

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of the characteristics which result in assignment to the higher classes comprise the fourth resident class.

(C) The resident assessment classification system defines the criteria that are used to assign residents into one of the four classes. These criteria are summarized in paragraphs (C)(1) to (C)(4) of this rule.

(1) The "chronic medical" class includes residents who receive one or more of the following types of special care:

- (a) Parenteral therapy on all shifts (on the IAF at the medical domain section, item (24) is scored "four"),
- (b) Tracheostomy care/suctioning on all shifts (on the IAF, at the medical domain section, item (25) is scored "four"),
- (c) oxygen and respiratory therapy on all shifts (on the IAF at the medical domain section, item (27) is scored "four"),
- (d) Oral medication administered more than eight times in a twenty-four-hour day (on the IAF at the medical domain section, item (29a) is scored "three"),
- (e) Topical medication administered more than eight times in a twenty-four-hour day (on the IAF at the medical domain section, item (29b) is scored "three"),
- (f) Injections of medication administered more than eight times in a twenty-four-hour day (on the IAF at the medical domain section, item (29c) is scored "three"),
- (g) Medication administered more than eight times in a twenty-four-hour day using a method other than oral, topical or injection (on the IAF at the medical domain section, item (29d) is scored "three"), and/or
- (h) Utilization of out-of-home health care requiring over thirty days of staff time on average per year (on the IAF at the medical domain section, item (31) is scored "three").

(2) The "overriding behaviors" class includes residents who exhibit one or more of the following specific behaviors which require continual staff intervention as defined in the ODHS 2220 "Ohio ICF-MR Individual Assessment Form":

- (a) Aggressive behavior (on the IAF at the behavior domain section, item (14) is scored "three"),

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- (b) Self injurious behavior (on the IAF at the behavior domain section, item (17) is scored "three"), and/or
 - (c) Acute suicidal behavior (on the IAF at the behavior domain section, item (21) is scored "three").
- (3) The "high adaptive needs and/or chronic behaviors" class includes residents who require a specific level of staff assistance/supervision for one or more personal care and safety needs as described in paragraphs (C)(3)(a) to (C)(3)(f) of this rule, and/or exhibit one or more of the following specific behaviors which require frequent or continual staff intervention as described in paragraphs (C)(3)(g) to (C)(3)(j) of this rule:
- (a) Eating (on the IAF at the adaptive skills domain section, item (1) is scored "two" for needing hands-on assistance),
 - (b) Toileting (on the IAF at the adaptive skills domain section, item (2) is scored either "three" for as a rule does not indicate the need to toilet and requires assistance with wiping, or "four" for requires colostomy, ileostomy, or urinary catheter),
 - (c) Dressing (on the IAF at the adaptive skills domain section, item (5) is scored "three" for requiring hands-on assistance and/or constant supervision to complete the tasks; or tasks must be done completely by staff for the resident),
 - (d) Turning and positioning more than twelve times in a twenty-four-hour period (on the IAF at the adaptive skills domain section, item (6) is scored "four"),
 - (e) Mobility requiring the help of one or more persons (on the IAF at the adaptive skills domain section, item (7) is scored "three"),
 - (f) Transfer requiring direction and/or physical help from one or more persons (on the IAF at the adaptive skills domain section, item (8) is scored "two"),
 - (g) Aggressive behavior requiring frequent staff intervention as defined in the ODHS 2220 "Ohio ICF-MR Individual Assessment Form" (on the IAF at the behavior domain section, item (14) is scored "two"),
 - (h) Self injurious behavior requiring frequent staff intervention as defined in the ODHS 2220 "Ohio ICF-MR Individual Assessment Form" (on the IAF at the behavior domain section, item (17) is scored "two"),

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- (i) Disruptive behavior requiring continual staff intervention as defined in the ODHS 2220 "Ohio ICF-MR Individual Assessment Form" (on the IAF at the behavior domain section, item (19) is scored "four"), and/or
 - (j) Withdrawn behavior requiring continual staff intervention as defined in the ODHS 2220 "Ohio ICF-MR Individual Assessment Form" (on the IAF at the behavior domain section, item (20) is scored "three").
- (4) The "typical adaptive needs and nonsignificant behaviors" class includes classifiable residents who do not meet the conditions of any of the previous three classes.
- (D) The IAF data elements, listed by class, used to classify residents in the RAC classification system are set forth in appendix A of this rule. The IAF data elements used by the RAC system are listed in numerical order in appendix B of this rule.
- (E) All IAF data elements related to the RAC system must be completed before a resident can be classified. Residents whose IAF forms contain missing or out-of-range responses to data elements used to determine the RAC classification shall be assigned by default into a fifth class. As described in rule 5101:3-3-77 of the Administrative Code, ICFS-MR will be given an opportunity to supply information needed to correct the IAF data using the "IAF Correction Document" and thus enable residents assigned to the default class to be classified into one of the RAC classes one through four.
- (F) The relationship between resident characteristics and resource utilization, as measured by staff time for the following job types, was analyzed for the RAC system to identify characteristics which differentiate resource use among residents:
- (1) Habilitation specialists,
 - (2) Licensed practical nurses (LPNS),
 - (3) Occupational therapists (OTS),
 - (4) Program directors,
 - (5) Qualified mental retardation professionals (QMRPS),
 - (6) Registered nurses (RNS),
 - (7) Social workers/counselors; and
 - (8) Speech therapists (STS).

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Staff time and resident assessment data were collected in a work measurement study of Ohio medicaid-certified ICFS-MR for the purpose of establishing common staff times associated with all resident classifications that are standard across residents, staff, facilities, and units. Job types are included only for those staff that were found in the work measurement study to be performing activities which vary by case mix. Job types that were analyzed but found not to be participating in activities which vary by case mix are not included in paragraph (F) of this rule, nor are they used to calculate the relative resource weights as described in paragraph (G) of this rule.

- (G) Each of the four RAC classes is assigned a relative resource weight. This weight indicates the relative amount and cost of staff time required on average for all job types listed in paragraph (F) of this rule to deliver care to residents in that RAC class.
- (1) The relative resource weight has been calculated as follows using the average minutes of care per job type per RAC class provided by the work measurement study, and averages of the wages by job type in Ohio medicaid-certified ICFS-MR as reported to ON ODHS in a wage and hour survey covering wages paid in calendar year 1991 2524 MEDICAID COST REPORTS FOR ICF'S-MR.
 - (a) By setting the wage weight at one for the job type receiving the lowest hourly wage, wage weights for the other job types are calculated by dividing the lowest wage into the wage of each of the other job types.
 - (b) To calculate the total weighted minutes for each RAC class, the wage weight for each job type is multiplied by the average number of minutes members of that job type spend caring for a resident in that RAC class, and the products are summed.
 - (c) The RAC class with the lowest total weighted minutes receives a relative resource weight of one. Relative resource weights are calculated by dividing the total weighted minutes of the lowest class into the total weighted minutes of each class. Weight calculations are rounded to the fourth decimal place.
 - (2) The lowest weight for the four RAC classes is used as the weight for the fifth default class.
 - (3) Relative resource weights for the five ICF-MR case-mix RAC classes are set forth in appendix C of this rule.
 - (4) Except as provided in Paragraph (G)(4)(a) of this rule, relative resource weights shall be recalibrated using wage weights based on three-year statewide averages of wages of the listed job types in Ohio medicaid-certified ICFS-MR as reported on the long term care facility ODHS 2524 medicaid cost report for ICFs-MR, and minutes of care per job type per RAC class as follows:

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- (a) At a minimum, ODHS shall recalibrate the relative resource weights every three years, using the minutes of care per job type per RAC class from the most current work measurement study and the wages per job type per hour, to be effective at the beginning of the next state fiscal year. When recalibrating the relative resource weights, as required by paragraph (G)(4)(a) of this rule, for the fiscal year beginning July 1, 1996, ODHS shall use cost report wage data from calendar year 1994. When recalibrating the relative the resource weights for the subsequent fiscal years, ODHS shall use cost report wage data from the most recent three calendar years available ninety days prior to the start of the fiscal year.
- (b) ODHS may recalibrate relative resource weights more frequently if significant variances in wage ratios between job types occur.
- (c) ODHS may rebase the relative resource weights through the deletion or addition of job types or with revised minutes of care per job type by conducting a new work measurement study, if significant changes in the job types or work roles of the job types occur, or following a change in state policy which would significantly affect statewide case mix of the ICF-MR population.
- (d) After recalibrating or rebasing relative resource weights under paragraph (G)(4)(a), (G)(4)(b), or (G)(4)(c) of this rule, ODHS shall use the recalibrated or rebased relative resource weights to recalculate the quarterly and annual ICF-MR case mix scores used to set the direct care rates for the fiscal year.

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APPENDIX A

**I. IAF DATA ELEMENTS USED IN THE
RAC CLASSIFICATION SYSTEM
by RAC Class**

Class #1: Chronic Medical

ITEM		SCORE
#24	Parenteral Therapy Frequency	#4
#25	Tracheostomy Care/ Suctioning Frequency	#4
#27	Oxygen & Respiratory Therapy Frequency	#4
#29A	Medication Frequency - Oral	#3
#29B	Medication Frequency - Topical	#3
#29C	Medication Frequency - Injection	#3
#29D	Medication Frequency - Other Way	#3
#31	Utilization of Out-of-Home Health Care	#3

Class #2: Overriding Behaviors

ITEM		SCORE
#14	Aggressive Behavior	#3
#17	Self-injurious Behavior	#3
#21	Suicidal Behavior	#3

Class #3: High Adaptive Needs/Chronic Behaviors

ITEM		SCORE
# 1	Eating	#2
# 2	Toileting	#3 or #4
# 5	Dressing	#3
# 6	Turning & Positioning	#4
# 7	Mobility	#3
# 8	Transfer	#2
#14	Aggressive Behavior	#2
#17	Self-injurious Behavior	#2
#19	Disruptive Behavior	#4
#20	Withdrawn Behavior	#3

Class #4: Typical Adaptive

All those residents with valid (completed, in range) responses that did not group into Class 1, 2, or 3

Class #5: Default

All those residents with responses to IAF critical elements that were missing, out of range, etc. and thus unable to be grouped in Classes 1 - 4

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APPENDIX B

**II. IAF DATA ELEMENTS USED IN THE
RAC CLASSIFICATION SYSTEM**
by IAF item number

<u>ITEM</u>	<u>SCORE</u>	<u>CLASSIFICATION</u>
ADAPTIVE SKILLS DOMAIN		
# 1 Eating	#2	High Adapt. Needs/Chronic Behav.
# 2 Toileting	#3	High Adapt. Needs/Chronic Behav.
# 2 Toileting	#4	High Adapt. Needs/Chronic Behav.
# 5 Dressing	#3	High Adapt. Needs/Chronic Behav.
# 6 Turning & Positioning	#4	High Adapt. Needs/Chronic Behav.
# 7 Mobility	#3	High Adapt. Needs/Chronic Behav.
# 8 Transfer	#2	High Adapt. Needs/Chronic Behav.
BEHAVIOR DOMAIN		
#14 Aggressive Behavior	#2	High Adapt. Needs/Chronic Behav.
#14 Aggressive Behavior	#3	Overriding Behaviors
#17 Self-injurious Behavior	#2	High Adapt. Needs/Chronic Behav.
#17 Self-injurious Behavior	#3	Overriding Behaviors
#19 Disruptive Behavior	#4	High Adapt. Needs/Chronic Behav.
#20 Withdrawn Behavior	#3	High Adapt. Needs/Chronic Behav.
#21 Suicidal Behavior	#3	Overriding Behaviors
MEDICAL DOMAIN		
#24 Parenteral Therapy Frequency	#4	Chronic Medical
#25 Tracheostomy Care/ Suctioning Frequency	#4	Chronic Medical
#27 Oxygen & Respiratory Therapy Frequency	#4	Chronic Medical
#29A Medication Freq. - Oral	#3	Chronic Medical
#29B Medication Freq. - Topical	#3	Chronic Medical
#29C Medication Freq. - Injection	#3	Chronic Medical
#29D Medication Freq. - Other Way	#3	Chronic Medical
#31 Utilization of Out-of-Home Health Care	#3	Chronic Medical

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APPENDIX C

OHIO MEDICAID ICF-MR
CASE MIX CLASSIFICATION SYSTEM
RESIDENT ASSESSMENT CLASSES

RESIDENT ASSESSMENT CLASS	RELATIVE RESOURCE WEIGHT
1. Chronic Medical	2.1436 2.1559
2. Overriding Behavior	1.9800 1.9992
3. High Adaptive Needs and/or Chronic Behaviors	1.7116 1.7204
4. Typical Adaptive Needs and Nonsignificant Behaviors	1.0000
5. DEFAULT	1.0000

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