



When you are admitted to a nursing home, the staff will ask about your health care needs. This information, along with other information about your needs, is recorded on an assessment form called the Minimum Data Set, or MDS. The MDS is used to plan your care. The MDS assessment and care planning process help to improve communication between you and your health care team, improve your quality of care, and improve your quality of life as a nursing home resident. The MDS is also used to determine your Minnesota **Case Mix Classification**.

Each Case Mix Classification has a corresponding daily payment rate. Your Case Mix Classification is based on how much care you need, whether you need certain types of treatments, and whether you have had certain kinds of conditions diagnosed. These could include:

- ◆ Assistance with Activities of Daily Living (ADLs) - bed mobility, transferring from one position to another, eating, and toilet use. A total ADL score of 4 – 18 is possible. The ADL score is a main part of determining your case mix classification. The more assistance you need, the higher your ADL score will be;
- ◆ Treatments such as intravenous (IV) medication, fluids, or nutrition;
- ◆ Depression or behavioral symptoms;
- ◆ Decreased ability to communicate or make decisions;
- ◆ Therapy needs (Speech, Occupational, and/or Physical therapy).

In Minnesota, there are 36 Case Mix Classifications. State law requires nursing homes to charge both private pay and Medicaid residents the same rate for the same services. Nursing homes may charge more for private rooms or other services that they are not required to provide. The Minnesota Case Mix Classification system applies to all residents of Medicaid certified nursing homes or boarding care homes.

After your MDS has been completed and sent to the Minnesota Department of Health (MDH), you or your representative will receive a notice explaining your **Case Mix Classification**. You will receive this notice:

- ◆ Within one to two months after admission;
- ◆ About every three months thereafter;
- ◆ If the care you need changes enough to warrant a new MDS assessment that results in a different case mix classification.

Staff from MDH audit a percentage of these MDS assessments. Your Case Mix Classification could change if MDH staff are unable to validate the information on your MDS. If your classification changes, you will receive a new notice.



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The following table lists the 36 Minnesota Case Mix Classifications:

Case Mix Classification	Total ADL Score*	Treatments or Diagnoses such as:
<b>Extensive Services</b> SE3 SE2 SE1	7-18 7-18 7-18	Intravenous (IV) therapy, suctioning, tracheostomy, ventilator or respirator. The difference between SE1, SE2, or SE3 depends on the number of services you received.
<b>Rehabilitation</b> RAD RAC RAB RAA	17-18 14-16 10-13 4-9	Therapy (speech therapy, occupational therapy, physical therapy) alone; OR therapy and nursing rehabilitation (nursing interventions that help to attain or maintain maximum functioning).
<b>Special Care</b> SSC SSB SSA	17-18 15-16 4-14	Skin problems and treatments, tube feeding, cerebral palsy, fever, vomiting, weight loss, pneumonia, dehydration, multiple sclerosis, quadriplegia, respiratory therapy, radiation therapy.
<b>Clinically Complex</b> CC2 CC1 CB2 CB1 CA2 CA1	17-18 17-18 12-16 12-16 4-11 4-11	Tube feeding, coma, septicemia (infection in the blood stream), burns, dehydration, a limb that is paralyzed, internal bleeding, chemotherapy, dialysis, increased physician's orders and visits due to a medical problem, diabetes and injections, transfusions, oxygen therapy, foot problem and treatment. CC2, CB2, CA2 also mean you had at least three symptoms of depression, anxiety, or sad mood.
<b>Impaired Cognition</b> IB2 IB1 IA2 IA1	6-10 6-10 4-5 4-5	Problems with short-term memory, making daily decisions, and/or making yourself understood. IB2, IA2 also mean you received nursing rehabilitation for at least 6 days a week (nursing interventions that help to attain or maintain maximum functioning).
<b>Behavior Problems</b> BB2 BB1 BA2 BA1	6-10 6-10 4-5 4-5	Hallucinations, delusions, or behavior symptoms on 4 or more days, such as wandering, screaming at or hitting staff or others, disruptive behavior, resists care. ("Resists care" does <b>not</b> include an informed decision to refuse care. You have the right to refuse care you do not wish to receive). BB2, BA2 also mean you received nursing rehabilitation for at least 6 days a week (nursing interventions that help to attain or maintain maximum functioning).

Case Mix Classification	Total ADL Score*	Treatments or Diagnoses such as:
<b>Reduced Physical Functioning</b> PE2 PE1 PD2 PD1 PC2 PC1 PB2 PB1 PA2 PA1	16-18 16-18 11-15 11-15 9-10 9-10 6-8 6-8 4-5 4-5	The treatments or diagnoses listed in the other groups do not apply here. These groups are only based on how much help you needed with ADLs - bed mobility, transferring from one position to another, eating, and toilet use.  PE2, PD2, PB2, PA2 also mean you received nursing rehabilitation for at least 6 days a week (nursing interventions that help to attain or maintain maximum functioning).
DDF	N/A	There is no requirement to complete an MDS for residents who stay in nursing homes less than 14 days. Each facility has the option to either complete the MDS for those residents or accept a “default” rate (DDF).
BC1	N/A	If nursing home staff complete your MDS late or send it to (MDH) late, BC1 will be assigned. This is the lowest rate possible. The classification notice will state the time frame for which BC1 applies.

\***Total Activities of Daily Living (ADL) score** – how much assistance you needed with bed mobility, transferring from one position to another, eating, and toilet use. The total score increases as you need more assistance from staff.

You may qualify for more than one Case Mix Classification listed above. The Case Mix Classification with the highest payment rate will be assigned.

### *Questions and Answers*

1. **How do I know how much I have to pay?**

The nursing home staff will tell you the daily charge for your Case Mix Classification.

2. **Do I have to do anything when I receive my case mix classification notice?**

If you have no questions about your classification, you do not have to do anything. If you have questions about your classification, ask nursing home staff to explain it to you.

3. **What if I disagree with my classification?**

You have a right to request a reconsideration of your Case Mix Classification **within 30 calendar days** of receiving your case mix notification letter. If you request, nursing home staff will assist you with this process. If you want help from someone outside of the nursing home,

you may contact the Office of Ombudsman for Long-Term Care at (651) 431-2555, or toll-free at 1-800-657-3591.

Follow these steps to ask for a reconsideration of your classification:

- ◆ In writing, ask nursing home staff for the following items:
  - 1) A copy of the “Request for Reconsideration” form;
  - 2) A copy of the Minimum Data Set or MDS used for your case mix classification;
  - 3) Any written documentation from your medical record that was used to complete your MDS. Nursing home staff are required to provide you with this information **within 3 working days. If staff do not give you the information within 3 working days of your written request, contact MDH, at (651) 201-4301.**
- ◆ Complete the Request for Reconsideration form. Mail the information from the medical record, including the MDS, to the address at the top of the Request for Reconsideration form.

Once the above information is received, MDH will make a decision within 15 working days. The nursing home will be notified of the results within 5 working days of the decision. The nursing home will give you or your representative the letter stating the outcome of the reconsideration. Nursing home staff also have the right to request a reconsideration of a resident’s Case Mix Classification. You or your representative must be notified in writing of their request for reconsideration in advance or it will be automatically denied.

4. **Do all nursing homes have the same rates?**

No. The Minnesota Department of Human Services sets the rates for each nursing home. A nursing homes rate is based on costs incurred for items such as: cost of property, administration, chaplain services, medical records, plant operations, housekeeping, dietary services, pharmacy, food, laundry, social services, activities, therapies and nursing staff. Questions about rates can be directed to the Department of Human Services at (651) 431-2281.

5. **How can I get more information about Minnesota Case Mix?**

- ◆ Contact staff at your nursing home.
- ◆ Contact the Office of Ombudsman for Long-Term Care at (651) 431-2555, or toll-free at 1-800-657-3591.
- ◆ Contact the MN Dept of Health, Case Mix Review Section at: (651) 201-4301. Mailing address: Post Office Box 64938, St. Paul, MN 55164-0938.
- ◆ Information about MN Case Mix is also available on the MDH website: <http://www.health.state.mn.us/divs/fpc/fpc.html>

*TDD number: (651) 201-5797; If you require this document in another format, such as large print, Braille or cassette tape, call (651) 201-4301.*

Please note: A similar case mix classification system is used by Medicare. The information in this pamphlet does not apply to Medicare. It applies to the Minnesota case mix program only.