EC10.8 Appendix A

Appendix A: Resident Acuity Levels and Case Mix Index (CMI)

Case mix is by definition a system that classifies people into groups that are homogeneous in their use of resources. A good case mix system also gives meaningful clinical descriptions of these individuals. The application of case mix is broad; it provides the basis, not only for reimbursement, but also for comparing healthcare facilities or programs, practice patterns, as an adjunct to quality of care and efficiency measurement, a staff planning tool, etc. Case mix weights reflect relative resource use between case mix groups.

In Ontario, the Nursing and Personal Care funding envelope reflects data within and the Resident Assessment Instrument-Minimum Data Sets (RAI-MDS) system. A Resource Utilization Grouper (RUGs) III is used to calculate the data from RAI-MDS. Membership in a RUG category is based on how much care a resident needs, types of treatments or care received, and whether or not the resident has certain conditions or diagnoses.

There is currently not a defined approach for the MOHLTC to measure year over year changes in province-wide acuity, so the case mix index is used to reallocate funding within the long-term care homes sector rather than overall rise in acuity throughout the province. The case mix index is used to determine the care needs of each LTC home's resident population relative to other LTC homes in order that funds can be redistributed between homes from one year to the next. Annual adjustments in level of care funding have occurred, but these funding increases have been by and large applied to offset economic pressures.

Adequate funding is needed to address the true rising cost of care based on resident acuity levels which are not currently financially supported because these requirements are not currently being measured by RUGs within the RAI-MDS system. Acuity, which measures care levels, continues to increase year-over-year. SSLTC have residents that require more complex interventions including challenging behaviours, associated dementias, mental illness, and aging of the developmentally delayed and young adults with complex care needs.



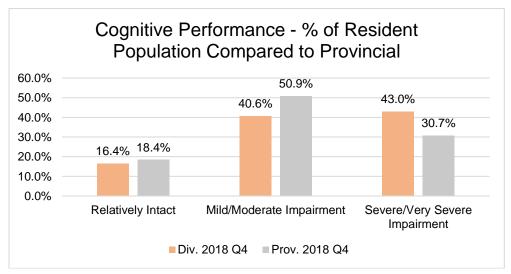


Table 2: Assistance Level for Activities of Daily Living

