Ontario

2021-22 Long-Term Care (LTC) Case Mix Index (CMI) Frequently Asked Questions (FAQs)

Ministry of Health and Ministry of Long-Term Care

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Ontario

FREQUENTLY ASKED QUESTIONS

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CMI Methodology

1. Are there any changes to the CMI methodology used to calculate FY2021-22 Funded CMI?

For FY2021-22, there are ***no changes to the CMI methodology***. Similar to the methodology used in the previous year, the following methodology will continue to apply:

- 5% Special Rehabilitation (SR) Limit
- Re-indexing Factor
- -5% Stability Floor on the year over year funded CMI

While providing funding stability, this approach enables homes to receive funding that reflects the level of care, based on their resident assessments.

2. How will the application of the -5% Stability Floor affect funding for Long-Term Care (LTC) homes?

- The stability floor ensures that no home will have a greater than 5% decrease in their Funded CMI from the previous year.
- Homes with a more than 5% decrease in their Funded CMI compared to the previous year will be limited to a 5% decrease.

3. How is the SR Limited CMI calculated?

- SR Limit is applied to cap the number of assessed days that will be considered to be SR for the purposes of funding allocation only and has no effect on nursing rehabilitation provided to residents.
- For the purpose of CMI calculations,
  - a maximum of 5% of a home's assessed days will be assigned to the SR clinical category within the Resource Utilization Group - RUG-III 34 Group Classification system.
  - The number of assessed days in excess will be assigned to the next highest qualifying RUG group (i.e., those that provide the largest CMI increase to the facility). This is to ensure that no assessed days are lost during this process.

Example: SR Limited CMI Calculation

- Let us consider Home A in this example. Col B in the below table represents the assessed days reported by this home.

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Assessment ID Col A	Assessed Days Col B	Unadjusted RUG Col C	Unadjusted RUG Weight Col D	"Rehab Off" RUG Col E	"Rehab Off" Weight Col F	Weight Difference Col G	Total SR Days Col H	Total non-SR Days Col I	RUG Weighted Days (RWD) = Assessed Days X RUG Weight Col J
1	91	SE2	1.591	-	-	-	0	91	144.78
2	75	RAD	1.6125	SSC	1.402	0.2105	5	70	106.20
3	15	RAC	1.3492	PD1	0.9718	0.3774	15	**0**	20.24
4	91	RAA	1.0167	CA1	0.9413	0.0754	0	91	85.66
5	35	CC2	1.3794	-	-	-	0	35	48.28
6	46	PA2	0.6452	-	-	-	0	46	29.68
7	47	BB1	0.8917	-	-	-	0	47	41.91
TOTAL	**400**						**20**	**380**	**476.75**

- Total number of assessed days reported (Col B) = 400 days
- Total number of days originally assigned to SR RUG category (Assessment ID 2+3+4) = 181 days
- Total number of SR days to be assigned with 5% limit: **400 x 5% = 20 days**
- Total number of SR assessed days in excess and assigned to the next highest non-SR RUG category -> **181-20 = 161 days**

From the reported assessments/assessed days, we will calculate the SR Limited CMI as follows:

Step 1 -> In the above example, though Assessment ID 2 is assigned to RAD which is the highest weighted group within the SR category, SR days are retained from the RUG group with a higher weight difference (Col G) and it is more beneficial to the home to allocate the 15 assessed days from Assessment ID 3 towards the SR days first.

Step 2 -> Continue Step 1 to allocate the SR days based on the next highest weight difference until the 5% SR limit is reached.

Step 3 -> After applying a 5% limit to the total assessed days, a maximum of 20 days will be credited as SR days (Col H).

Step 4 -> To calculate the total RUG weighted days with the 5% SR Limit, multiply the RUG weight for each assessed day with the number of assessed days in each group and sum up the results to the home level.

Example:

For Assessment ID 1 (assessed days assigned to a non-SR category),

RWD = 1.591 (Col D) X 91 (Col I) = 144.78

For Assessment ID 2 (assessed days assigned to an SR category),

RWD = {1.6125 (Col D) X 5 (Col H)} + {1.402 (Col F) X 70 (Col I)} = 106.20

Step 5 -> The ratio of the total RWD (Col J) to total assessed days (Col B), equals the SR Limited CMI for the home

SR LIMITED CMI = 476.75/ 400 = 1.1919

4. What is the re-indexing factor and how does it affect an LTC homes' funding?

- The re-indexing factor is calculated annually, and this factor is the same for all homes.
- The re-indexing factor ensures that the aggregate Nursing and Personal Care (NPC) funding to all homes is not changed by the change in CMI calculations.
- The re-indexing factor does not change each home's share of the NPC funding envelope based on its RUG Weighted Patient Day (RWPD).
- Funding provided to an LTC home is impacted by the annual changes made to the NPC per-diem rate in addition to the CMI and the re-indexing factor. The impact of the per-diem rate change is not reflected in the re-indexing.

Example: Re-indexing factor calculation

The **re-indexing factor = ColE Total / ColJ Total,** where:

ColE Total = sum of weighted resident days based on Funded CMI from previous year

ColJ Total = sum of weighted resident days based on SR Limit CMI from current year

Year 1				
Home Name	**Funded CMI in Year 1**	**Classified Beds in Year 2**	**Calendar Days in Year 2**	**Weighted Resident Days in Year 1**
ColA	ColB	ColC	ColD	ColE=ColB*ColC*ColD
X	0.8514	80	365	24,861
Y	1	128	365	46,720
Z	1.1542	200	365	84,257
Total				**155,837**

Year 2				
Home Name	**SR Limit CMI in Year 2#**	**Classified Beds in Year 2**	**Calendar Days in Year 2**	**Weighted Resident Days in Year 2**
ColF	ColG	ColH	ColI	ColJ=ColG*ColH*ColI
X	0.892	80	365	26,046
Y	1.0401	128	365	48,593
Z	1.1463	200	365	83,680
Total				**158,320**

Re-Indexing Factor for Year 2: ColE Total/ColJ Total	0.9843

#SR Limit CMI is prior to applying 5% stability floor.

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5. What is the re-indexing factor for 2021-22 Funded CMI?

The re-indexing factor for all homes is 0.9207 for 2021-22 Funded CMI.

6. What is the definition of classified beds in the CMI calculation and payment notices?

- The definition for classified beds is the same for the CMI calculation, CMI notices and subsequent payment notices.

- Beds that have their funding "adjusted" for CMI are known as "classified beds." Classified beds are beds in an LTC home where:
  - data is submitted in all 4 quarters of the Assessment Period - from April to March of the previous year; e.g. 2021-22 funded CMI is based on 2019-20 data, which is from April 2019 to March 2020 as the Assessment Period, and;
  - there is a high data submission rate (>90%) for three consecutive quarters of the Assessment Period.

7. Are "unclassified beds" included in the CMI calculation?

Currently there are four different types of beds that are excluded in the CMI calculation or not CMI adjusted.

- **Convalescent Care Program (CCP) beds** are not CMI adjusted and funded at a CMI value of 1.00.

- **Interim Bed Program (IBP) beds** are not CMI adjusted due to:
  - Data quality issues in the bed type field which is not consistently coded making it difficult to isolate these residents.
  - Fixed funding from LHINs based on a CMI of 1.0

- **Elder Care Capital Assistance Program (ELDCAP) beds** are not CMI adjusted as the beds are funded through a hospital's global budget.

- **Excluded facilities**, due to their uniqueness, will not be CMI adjusted. These include:
  - New LTC homes that do not meet the data threshold for classified beds will have all beds funded at a CMI of 1.0. This is subsequently adjusted in future years when a home has met the data threshold for CMI calculation.
  - Homes due to unique circumstances warrant exclusion from CMI adjustments. These homes will be dealt with on an individual basis and will be identified separately in further communications.

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8. What data was used for the 2021-22 CMI?

The RAI-MDS 2.0 data submitted by LTC homes for the period April 1, 2019 to March 31, 2020 was used for modelling the 2021-22 CMI.

GLOSSARY OF CMI TERMS

Terminology	Definition/ Description
Home-Level CMI (or Reported CMI)	This represents the CMI derived from the data reported by a home • The total RUG Weighted Patient Day (RWPD) at a home level divided by the total assessed resident days in the Continuing Care Reporting System (CCRS) at a home level over the specified assessment period is the home level CMI.
Funding Stability Floor	The stability floor is applied to ensure that no home will have a greater than 5% decrease in the Funded CMI from the previous year.
Funded CMI	**Funded CMI = SR limited CMI x Re-indexing Factor** This represents the CMI used for NPC funding and is derived following adjustments to the reported CMI.
RUG (Resource Utilization Group) Weights	• A measure of the average resource use at a RUG level and are used for calculating RUG Weighted Patient Days (RWPD). • The ministry currently uses the RUG weights from 2009.
RUG Weighted Patient Day (RWPD)	• The number of days that get assigned to each RUG group based on the RAI-MDS assessments. • Each RUG group has a weight associated with it. • By multiplying each assessed day by the weight associated with the RUG, the RUG Weighted Patient (resident) Days (RWPD) are calculated.