NEW YORK CASE MIX

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Senior Clinical Reimbursement Consultant
Objectives

► Explain the basic elements of the Case Mix system
► Review the Case Mix RUG levels
► Define ADLs and understand their effect on case mix
► Gain knowledge on key systems to ensure that care & services are captured
Common Case Mix Principles

- Every MDS has a Resource Utilization Group (RUG) level that reflects acuity

- Assessment Reference Date (ARD) selection is key

- Activities of Daily Living (ADLs) are heavily weighted
Case Mix Principles, Cont.

- CMI RUG levels do not match Medicare Part A RUG levels

- Assessments need to be completed timely as defined in the RAI manual

- Calculations are done bi-annually in NY

- Reimbursement is based on these calculations
New York Case Mix

Reimbursement process used for Medicaid LTC facilities

- Calculated bi-annually based on last Wednesday in January and July
- 53 RUG III Model
- Each RUG score is assigned a numerical score or Case Mix Index (CMI)
- CMIs for Medicaid MDSs are averaged for facility CMI score
- Most recent OBRA MDS used
RUG Grouper for NY Case Mix

NEW YORK STATE MEDICAID SNF CASE-MIX (RUG – 53)

<table>
<thead>
<tr>
<th>Resource Utilization Group (RUG)</th>
<th>ADL INDEX</th>
<th>NON ADL END SPLITS</th>
<th>RUG</th>
<th>Index Max.</th>
<th>CMR</th>
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<tbody>
<tr>
<td>REHABILITATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ULTRA HIGH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tx. 720 minutes / week minimum</td>
<td>16-15</td>
<td>Extensive Services Qualifier</td>
<td>RU6</td>
<td>1</td>
<td>2.93</td>
</tr>
<tr>
<td>2-3 disciplines: one 5+ days, one 3+ days/week</td>
<td>7-15</td>
<td>Extensive Services Qualifier</td>
<td>RU6</td>
<td>2</td>
<td>1.96</td>
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<tr>
<td>9-15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VERY HIGH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tx. 630 minutes / week minimum</td>
<td>16-15</td>
<td>Extensive Services Qualifier</td>
<td>RVX</td>
<td>4</td>
<td>1.82</td>
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<tr>
<td>At least 1 discipline: 5 days / week</td>
<td>7-15</td>
<td>Extensive Services Qualifier</td>
<td>RVX</td>
<td>5</td>
<td>1.81</td>
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<td>4-8</td>
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<td></td>
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<tr>
<td>HIGH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tx. 325 minutes / week minimum</td>
<td>13-10</td>
<td>Extensive Services Qualifier</td>
<td>RVX</td>
<td>0</td>
<td>1.62</td>
</tr>
<tr>
<td>1 discipline, 5 days / week</td>
<td>13-12</td>
<td>Extensive Services Qualifier</td>
<td>RVX</td>
<td>12</td>
<td>1.51</td>
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<tr>
<td>0-12</td>
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<tr>
<td>MEDIUM</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Tx. 150 minutes / week minimum</td>
<td>15-10</td>
<td>Extensive Services Qualifier</td>
<td>RMX</td>
<td>3</td>
<td>1.96</td>
</tr>
<tr>
<td>5 days across 3 disciplines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3+ Days Tx. / 45 minutes / week; 5+ days; 2 or more Restorative Nursing Programs</td>
<td>7-15</td>
<td>Extensive Services Qualifier</td>
<td>RLX</td>
<td>17</td>
<td>1.34</td>
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<tr>
<td>EXTENSIVE SERVICES (ADL = 7 = SSA)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>&quot;Point System&quot; (1 pt. each)</td>
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<tr>
<td>Last 7 days: Parenteral Feeding, IV Fluids (&gt;500 cc)</td>
<td>16-15</td>
<td>Restorative Nursing (2 or more)</td>
<td>SSE3</td>
<td>7</td>
<td>1.17</td>
</tr>
<tr>
<td>Last 14 days: IV medications, suctioning, Trach, cervical, Ventilator or Respirator Care</td>
<td>7-15</td>
<td>Restorative Nursing (2 or more)</td>
<td>SSE2</td>
<td>16</td>
<td>1.37</td>
</tr>
</tbody>
</table>

IMPAIRED COGNITION

- BINS 3 or below OR Cognitive Performance Scale ≥ 3
- CPS (Coma, Short-Term Memory, Daily Decision Making, Making Self Understood, Eating Self Performance)

BEHAVIOR ONLY

- 4+ Days / week: Wandering, Physical or Verbal Abuse
- Inappropriate Behavior or Restless Care
- Hallucinations or Delusions

PHYSICAL FUNCTION RESULTS

- Residents not classified into one of the above groups.
- Restorative Nursing Programs = 2 or more, 4+ days / week
- Passive/Active ROM, Amputation/Prosthesis Care, Splinting/Stress, Care, Training in Dressing or Grooming, Eating or
Case Mix Categories in RUG III 53 Group System

- Rehabilitation
- Extensive Services
- Special Care
- Clinically Complex
- Impaired Cognition
- Behavior Only
- Physical Function Reduced
Rehabilitation

► Requirements for a Rehab category include:
  ► 5 days of therapy a week OR
  ► 3 days of therapy (minimum 45 minutes) AND 2 restorative nursing programs for 6 days a week (15 minutes/day)

► Extensive service qualifiers impact Rehab RUG
  ► Last 14 days
    ► IV medications, suctioning, tracheostomy or ventilator/respirator care
  ► Last 7 days:
    ► Parenteral feeding or IV fluids (>500 cc)
Rehabilitation Levels

- Ultra High
- Very High
- High
- Medium
- Low
Rehabilitation Ultra High

- 720 minutes/week minimum
- 2-3 disciplines
  - Minimum one 5 days/week & one 3 days/week

<table>
<thead>
<tr>
<th>RUG</th>
<th>ADL Score</th>
<th>CMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>RUX</td>
<td>16 - 18</td>
<td>2.38</td>
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<tr>
<td>RUL</td>
<td>7 - 15</td>
<td>1.98</td>
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<tr>
<td>RUC</td>
<td>16 - 18</td>
<td>1.82</td>
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<tr>
<td>RUB</td>
<td>9 - 15</td>
<td>1.53</td>
</tr>
<tr>
<td>RUA</td>
<td>4 - 8</td>
<td>1.37</td>
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</tbody>
</table>
Rehabilitation Very High

- 500 minutes/week minimum
- At least 1 discipline
  - Minimum 5 days/week

<table>
<thead>
<tr>
<th>RUG</th>
<th>ADL Score</th>
<th>CMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>RVX</td>
<td>16 - 18</td>
<td>1.82</td>
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<tr>
<td>RVL</td>
<td>7 - 15</td>
<td>1.61</td>
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<tr>
<td>RVC</td>
<td>16 - 18</td>
<td>1.53</td>
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<tr>
<td>RVB</td>
<td>9 - 15</td>
<td>1.39</td>
</tr>
<tr>
<td>RVA</td>
<td>4 - 8</td>
<td>1.15</td>
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</table>
Rehabilitation High

- 325 minutes/week minimum
- At least 1 discipline
  - Minimum 5 days/week

<table>
<thead>
<tr>
<th>RUG</th>
<th>ADL Score</th>
<th>CMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHX</td>
<td>13 - 18</td>
<td>1.62</td>
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<tr>
<td>RHL</td>
<td>7 - 12</td>
<td>1.51</td>
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<tr>
<td>RHC</td>
<td>13 - 18</td>
<td>1.40</td>
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<td>RHB</td>
<td>8 - 12</td>
<td>1.27</td>
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<tr>
<td>RHA</td>
<td>4 - 7</td>
<td>1.12</td>
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</table>
Rehabilitation Medium

- 150 minutes/week minimum
- 5 days can be across 3 disciplines

<table>
<thead>
<tr>
<th>RUG</th>
<th>ADL Score</th>
<th>CMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>RMX</td>
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<td>1.96</td>
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<tr>
<td>RML</td>
<td>7 - 14</td>
<td>1.74</td>
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<tr>
<td>RMC</td>
<td>15 - 18</td>
<td>1.27</td>
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<td>RMB</td>
<td>8 - 14</td>
<td>1.22</td>
</tr>
<tr>
<td>RMA</td>
<td>4 - 7</td>
<td>1.17</td>
</tr>
</tbody>
</table>
Rehabilitation Low

- 45 minutes/week minimum
- 3 or more days

AND

- 2 nursing restorative programs
  - 6 days/week at least 15 minutes each

<table>
<thead>
<tr>
<th>RUG</th>
<th>ADL Score</th>
<th>CMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>RLX</td>
<td>7 - 18</td>
<td>1.34</td>
</tr>
<tr>
<td>RLB</td>
<td>14 - 18</td>
<td>1.15</td>
</tr>
<tr>
<td>RLA</td>
<td>4 - 13</td>
<td>0.91</td>
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</table>
Nursing Levels

- Extensive Services
- Special Care
- Clinically Complex
- Impaired Cognition
- Behavior Only
- Physical Function Reduced
Extensive Services

- ADL Index must be \( \geq 7 \) to obtain this category
- **Qualifiers:**
  - Last 14 days
    - IV medications, suctioning, tracheostomy or ventilator/respirator care
  - Last 7 days:
    - Parenteral feeding or IV fluids (>500 cc)

<table>
<thead>
<tr>
<th>RUG</th>
<th>ADL</th>
<th>Points</th>
<th>CMI</th>
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<tbody>
<tr>
<td>SE3</td>
<td>7 - 18</td>
<td>4 - 5</td>
<td>1.70</td>
</tr>
<tr>
<td>SE2</td>
<td>7 - 18</td>
<td>2 - 3</td>
<td>1.37</td>
</tr>
<tr>
<td>SE1</td>
<td>7 - 18</td>
<td>0 - 1</td>
<td>1.15</td>
</tr>
</tbody>
</table>

Extra Points: Special Care, Clinically Complex, Impaired Cognition, IV medication or IV feeding
Special Care

**Qualifiers:**
- MS, Cerebral Palsy or Quadriplegia with ADL > 10
- Respiratory therapy 7 days/week
- Radiation
- Ulcers 2 or more (any stage) & 2 or more treatments
- One Stage 3 or 4 pressure ulcer & 2 or more skin treatments
- Surgical wound or open lesion & 1 or more skin treatments
- Tube feeding with aphasia
- Fever with dehydration, vomiting, pneumonia, weight loss or tube feeding

<table>
<thead>
<tr>
<th>RUG</th>
<th>ADL Score</th>
<th>CMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSC</td>
<td>17 - 18</td>
<td>1.12</td>
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<tr>
<td>SSB</td>
<td>15 - 16</td>
<td>1.06</td>
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<tr>
<td>SSA</td>
<td>4 - 14</td>
<td>1.03</td>
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</table>
Clinically Complex

- No minimum ADL Index
- Many clinical conditions as qualifiers
- Credit for symptoms of depression
Clinically Complex Qualifiers

- Qualifiers
  - Pneumonia
  - Foot wounds
  - Internal bleeding
  - Dehydration
  - Burns
  - Tube feeding
  - Coma
  - Septicemia
Clinically Complex Qualifiers, Cont.

- Qualifiers
  - Transfusions
  - Chemotherapy
  - Hemiplegia or hemiparesis with ADL > 10
  - Dialysis
  - Oxygen
  - IDDM with 7 days injections & 2 days of order changes
- Physician visits & orders
  - 1 visit & 4 order changes
  - 2 visits & 2 order changes
Clinically Complex, Cont.

<table>
<thead>
<tr>
<th>RUG</th>
<th>ADL</th>
<th>DEPRESSION</th>
<th>CMI</th>
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<tbody>
<tr>
<td>CC2</td>
<td>17-18</td>
<td>Signs present</td>
<td>1.12</td>
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<tr>
<td>CC1</td>
<td>17-18</td>
<td>No signs</td>
<td>0.98</td>
</tr>
<tr>
<td>CB2</td>
<td>12-16</td>
<td>Signs present</td>
<td>0.91</td>
</tr>
<tr>
<td>CB1</td>
<td>12-16</td>
<td>No signs</td>
<td>0.86</td>
</tr>
<tr>
<td>CA2</td>
<td>4-11</td>
<td>Signs present</td>
<td>0.84</td>
</tr>
<tr>
<td>CA1</td>
<td>4-11</td>
<td>No signs</td>
<td>0.77</td>
</tr>
</tbody>
</table>
Custodial Levels

- Categories included are
  - Impaired Cognition
  - Behavior Only
  - Physical Function Reduced

- Nursing Restorative Programs impact these categories
  - 2 restorative nursing programs for 6 days a week (15 minutes/day each program)
Restorative Nursing Program

- Components of the nursing rehab/restorative programs include
  - Measurable objectives and interventions documented
  - Periodic evaluation documented by licensed nurse
  - Documentation of time spent with resident
  - Individualized and addressed in care plan
  - CNA training in techniques
  - Overseen by a registered or licensed nurse
  - 1:4 ratio maximum
Restorative Nursing Programs for Custodial Levels

Two or more programs, 6 days/week, minimum of 15 minutes each

- Passive Range of Motion or Active Range of Motion*
- Splint/Brace Assistance
- Dressing/Grooming
- Eating/Swallowing
- Bed Mobility or Walking*
- Transfers
- Communication
- Amputation/prosthesis care
- Urinary or Bowel Toileting Program*

*Count as 1 program even if both provided
Impaired Cognition

- ADL Score ≤ 10
- Brief Interview for Mental Status (BIMS) score 9 or less or Cognitive Performance Scale (CPS) score 3 or greater

<table>
<thead>
<tr>
<th>RUG</th>
<th>ADL</th>
<th>Nursing Rehab Programs</th>
<th>CMI</th>
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<tbody>
<tr>
<td>IB2</td>
<td>6-10</td>
<td>2 or more</td>
<td>0.80</td>
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<tr>
<td>IB1</td>
<td>6-10</td>
<td>0-1</td>
<td>0.78</td>
</tr>
<tr>
<td>IA2</td>
<td>4-5</td>
<td>2 or more</td>
<td>0.65</td>
</tr>
<tr>
<td>IA1</td>
<td>4-5</td>
<td>0-1</td>
<td>0.61</td>
</tr>
</tbody>
</table>
Behavior

- ADL Score ≤ 10
- Qualifiers:
  - Hallucinations or delusions
  - 4 or more days/week:
    - Wandering, physical or verbal abuse, inappropriate behavior or resists care

<table>
<thead>
<tr>
<th>RUG</th>
<th>ADL</th>
<th>Nursing Rehab Programs</th>
<th>CMI</th>
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<tbody>
<tr>
<td>BB2</td>
<td>6-10</td>
<td>2 or more</td>
<td>0.70</td>
</tr>
<tr>
<td>BB1</td>
<td>6-10</td>
<td>0-1</td>
<td>0.66</td>
</tr>
<tr>
<td>BA2</td>
<td>4-5</td>
<td>2 or more</td>
<td>0.55</td>
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<tr>
<td>BA1</td>
<td>4-5</td>
<td>0-1</td>
<td>0.47</td>
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</table>
Reduced Physical Function

- Does not meet criteria for any of the other categories

<table>
<thead>
<tr>
<th>RUG</th>
<th>ADL</th>
<th>Nursing Rehab Programs</th>
<th>CMI</th>
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<tbody>
<tr>
<td>PE2</td>
<td>16-18</td>
<td>2 or more</td>
<td>0.80</td>
</tr>
<tr>
<td>PE1</td>
<td>16-18</td>
<td>0-1</td>
<td>0.79</td>
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<tr>
<td>PD2</td>
<td>11-15</td>
<td>2 or more</td>
<td>0.73</td>
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<tr>
<td>PD1</td>
<td>11-15</td>
<td>0-1</td>
<td>0.72</td>
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<tr>
<td>PC2</td>
<td>9-10</td>
<td>2 or more</td>
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<td>PC1</td>
<td>9-10</td>
<td>0-1</td>
<td>0.66</td>
</tr>
<tr>
<td>PB2</td>
<td>6-8</td>
<td>2 or more</td>
<td>0.57</td>
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<tr>
<td>PB1</td>
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<td>0-1</td>
<td>0.58</td>
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<td>PA1</td>
<td>4-5</td>
<td>0-1</td>
<td>0.46</td>
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</table>
Activities of Daily Living (ADL) Assistance

- 11 ADLs coded in Section G of MDS
  - Bed Mobility
  - Transfers
  - Walk in Room
  - Walk in Corridor
  - Locomotion on Unit
  - Locomotion off Unit
  - Dressing
  - Eating
  - Toilet Use
  - Personal Hygiene
  - Bathing
ADLs for RUG Score Calculations

- 4 late-loss ADLs included in RUG score calculations
  - Bed Mobility
  - Transfer
  - Eating
  - Toilet use

- Called late-loss because loss of function occurs late
ADL Components

- **Self-performance**
  - Measures what the patient actually did with ADL performance each time the activity occurs
  - Is not what the patient might be capable of doing

- **Staff Support**
  - Measures the level of support provided by staff during each ADL activity
ADL Self- Performance Codes

- Independent - no help or staff oversight
- Supervision - oversight, encouragement or cueing
- Limited assistance - guided maneuvering of limbs or non-weight-bearing assistance
- Extensive assistance - weight-bearing assistance provided
- Dependent - full staff performance
- Activity did not occur
ADL Support Codes

- No set-up or physical help from staff
- Set-up help only
- One person physical assist
- Two or more person physical assist
- Activity did not occur
ADL Definitions

Bed Mobility

- How the patient moves in bed (or other sleep furniture)
  - Turns side to side
  - Moves top to bottom or bottom to top
  - Moves from a lying to a sitting position
  - Uses trapeze or side rails
  - Any repositioning in bed
ADL Definitions, Cont.

Transfer
- How the patient moves between surfaces
- Includes transfers to or from the bed, the wheelchair, other chair, gurney to bed
- Includes getting to a standing position
ADL Definitions, Cont.

Eating
- How a patient eats and drinks
- Regardless of skill
- Includes tube feeding, total parenteral nutrition, IV fluids for nutrition or hydration
ADL Definitions, Cont.

Toilet Use

- How the patient uses the toilet room, commode, bedpan or urinal
- Includes transfers on and off the toilet
- Includes cleaning self after elimination, managing ostomy or catheter
- Includes managing clothing
Examples of Limited Assistance

Bed Mobility

► Placing a patient’s hand on the side rail
► Guiding a leg or arm into position while the patient is turning

Transfers

► Steadying patient while he or she transfers or light use of gait belt with the transfer
Examples of Limited Assistance, Cont.

Eating
- Placing a cup in the patient’s hand
- Guiding a patient’s hand to use a utensil to pick up food

Toilet Use
- Helping patient pull up underwear or pants
- Guided assistance to get off the toilet or bedpan
Examples of Extensive Assistance

Bed Mobility
- Lifted trunk while patient pushed up in bed with feet
- Lifted or turned a leg or an arm
- Used a turning sheet with repositioning

Transfers
- Lifting patient while patient pivoted
- Lifting a leg to position foot in wheelchair
Examples of Extensive Assistance, Cont.

Eating
- Lifting and guiding the hand and arm to patient’s mouth to promote eating
- Feeding a patient part of a meal when he or she tired

Toilet Use
- Supporting any of patient’s weight while getting on/off toilet or bedpan
- Staff completes subtask fully (such as patient can’t get pants on or off or cannot assist with cleaning the perineal area)
ADL Management

- ADLs tend to be under coded
  - Be aware of difference between limited and extensive assistance
- Care provided around the clock needs to be considered
  - Many patients require increased levels of care at night
- Monitor care given by all disciplines
  - CNAs on all shifts, in therapy, in activities, etc.
Assessment Reference Date Selection

- Wide range of dates that can be analyzed
  - The interdisciplinary team selects the date that best reflects services provided

- The ARD must comply with the RAI guidelines
  - Must be set 92 days or less from ARD of last OBRA MDS
Missed RUG Score Example # 1

- Clinically Complex vs. Special Care
- Mrs. Smith has Multiple Sclerosis & her ADL Index score was 8. She needed weight bearing assistance with bed mobility, but it was not accurately coded.
- If it was accurately coded her ADL Index score would be 11 (Qualifying condition for Special Care)

SSA = 1.03
CA1 = 0.77
Variance = 0.26
Missed RUG Score Example # 2

- Physical Function Reduced vs. Clinically Complex
- Mr. Gonzales has an order for oxygen as needed & had used it one day. (Qualifying condition for Clinically Complex) His ADL Index was 12. He had symptoms of depression.
- ARD selected was outside of the look back period for oxygen. RUG was PD1 versus CB2.

\[
\begin{align*}
\text{CB2} &= 0.91 \\
\text{PD1} &= 0.72 \\
\text{Variance} &= 0.19
\end{align*}
\]
Missed RUG Score Example # 3

- Physical Function Reduced vs. Clinically Complex
- Mr. Long had his ARD set for day 90 and grouped into a custodial level. Two weeks earlier, his blood pressure was unstable with order changes and physician visits.
- The pre-set ARD was not moved to capture his unstable medical condition

CC1 = 0.98
PE1 = 0.79
Variance = 0.19
Missed RUG Score Example # 4

- Clinically Complex vs. Rehab
- Mrs. White has a diagnosis of Hemiplegia, an ADL index of 14 and is being seen by PT 3 x a week and is currently on 2 Restorative Nursing Programs (Qualifying conditions for rehab)
- Upon review of the restorative flow sheet, it was noted that only 5 days were documented. RUG achieved was CB1.

**RLB = **1.15  
**CB1 = **0.86  
**Variance= .29**
Strategies for Success

- Weekly case mix meeting
  - Review residents with MDS due in next 30 days and previous RUG score
  - Look at clinical indicators and timeframes in which they were delivered
  - Monitor for the potential need for rehab services
  - Review ADL status
Strategies for Success

- Ensure interdisciplinary team understands the elements of the case mix system
- Rehab screening and a strong Part B program
- Communication between nursing and rehab
- Maintaining compliance with MDS processes
- Accurate MDS coding and internal audit system
- Back up systems
- Grand Rounds or process for reviewing residents before an MDS is due
Grand Rounds

- A comprehensive review of the residents and the care that has been provided
- Identification of improvement or decline
- Determination whether changes that have occurred are permanent or temporary
- The entire interdisciplinary team should be involved
Key Questions

- Are key components of the morning meeting being followed up on?
  - Review of MD visits & order changes
  - Review of IPN
  - Evaluation for change of condition
- Is nursing referring to therapy?
- Is there an effective communication system?
- Are Part B/Medicaid therapy residents reviewed during the Medicare Utilization meeting?
- Is therapy coordinated with ARD setting, as appropriate?
Key Questions, Cont.

- Are the results of the following meetings communicated to the RNAC/MDS Coordinator?
  - Skin concerns
  - Weight variance
  - Falls
  - Restraint
  - Behavior

- Are Significant change assessments being completed for improvement/declines?

- Is there a discharge plan for high functioning residents to return to the community?
Key Questions, Cont.

- Are base line temperatures being documented?
- Are minutes spent with the patient providing respiratory therapy documented along with assessments?
- Are 2 nursing restorative programs being provided 6 days a week for 15 minutes a day?
- Are RUG levels of dementia residents in Impaired Cognition or Behavior Problems?
Trends with NY Case Mix

- **OMIG Audits**
  - Plan to audit 300 facilities by end of year
  - Audit focus has been ADLs

- **Managed Medicaid**
  - 3 year project starting January 2014
  - Details not available yet
Thank You!

Questions & Answers

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