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PDPM—Are your systems keeping this patient driven?

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Objectives:

- Review current MDS and PDPM systems to ensure they are maximizing reimbursement
- State the five PDPM Case Mix Groups and how each are formed
- Train IDT members on the importance of looking at each skilled admission as a unique patient and staying away from a rigid MDS approach

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PDPM- Are your systems keeping this patient driven?

- ARD selection
- IPA decisions
- Primary diagnosis
- BIMS process
- GG

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PDPM and MDS

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Impact on MDS scheduling

- PDPM requires only two to three assessments for Part A stay: admission (5-day); discharge; potentially Interim Payment Assessment (IPA)
- Five-day assessment used to classify patient for entire stay unless IPA is needed
- Eliminated 14, 30, 60, and 90-day scheduled assessments
- Eliminated OMRAs (SOT, COT, EOT) or unscheduled assessments

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Impact on MDS scheduling

- Five-day PPS
  - ARD range days 1-8
  - **Covers all payment days until the End of MCR Stay MDS completed or the IPA is completed**
  - May be combined with OBRA assessments
- Interim Payment Assessment (IPA)
  - Covers payment from the ARD through the End of MCR Stay MDS (unless another IPA is completed)
  - Cannot be combined with any other assessments
- End of MCR Stay assessment
  - ARD equals the date listed in A2400C

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Primary Medical Condition Category Selection

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Primary Clinical

- Focuses on the primary clinical reason selected at I0020/I0020B and J2100 (prior surgery)
  - Enter the ICD-10 code, including the decimal, of the primary diagnosis of the SNF patient
  - "We understand that SNF patients have many complex needs and may suffer from a number of different conditions, but a diagnosis coded in I0020B should represent the primary or main reason that person is being admitted"
  - This primary SNF diagnosis "may or may not be the same reason that the patient was admitted to the qualifying hospital stay," pointed out officials. "In other words, there is no necessary reason that the primary SNF diagnosis must match the primary hospital diagnosis from the prior hospital stay"

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I0020. Indicate the resident's primary medical condition category
Complete only if A0310B = 01 or 08

Enter Code

Indicate the resident's primary medical condition category that best describes the primary reason for admission

01. **Stroke**
02. **Non-Traumatic Brain Dysfunction**
03. **Traumatic Brain Dysfunction**
04. **Non-Traumatic Spinal Cord Dysfunction**
05. **Traumatic Spinal Cord Dysfunction**
06. **Progressive Neurological Conditions**
07. **Other Neurological Conditions**
08. **Amputation**
09. **Hip and Knee Replacement**
10. **Fractures and Other Multiple Trauma**
11. **Other Orthopedic Conditions**
12. **Debility, Cardiorespiratory Conditions**
13. **Medically Complex Conditions**

I0020B. ICD Code

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Clinical Crosswalk Example

ICD-10-CM Code	Description	Default Clinical Category	Resident Had a Major Procedure during the Prior Inpatient Stay that Impacts the SNF Care Plan?
H5941	Inflammation (infection) of postprocedural bleb, stage 1	Medical Management	N/A
H5942	Inflammation (infection) of postprocedural bleb, stage 2	Medical Management	N/A
H5943	Inflammation (infection) of postprocedural bleb, stage 3	Medical Management	N/A
H59811	Chorioretinal scars after surgery for detachment, right eye	Return to Provider	N/A
H59812	Chorioretinal scars after surgery for detachment, left eye	Return to Provider	N/A
H59813	Chorioretinal scars after surgery for detachment, bilateral	Return to Provider	N/A
H59819	Chorioretinal scars after surgery for detachment, unspecified eye	Return to Provider	N/A
H5988	Other intraoperative complications of eye and adnexa, not elsewhere classified	Return to Provider	N/A
H5989	Other postprocedural complications and disorders of eye and adnexa, not elsewhere classified	Return to Provider	N/A
H6000	Abscess of external ear, unspecified ear	Return to Provider	N/A
H6001	Abscess of right external ear	Return to Provider	N/A
H6002	Abscess of left external ear	Return to Provider	N/A
H6003	Abscess of external ear, bilateral	Return to Provider	N/A
H6010	Cellulitis of external ear, unspecified ear	Return to Provider	N/A
H6011	Cellulitis of right external ear	Acute Infections	N/A
H6012	Cellulitis of left external ear	Acute Infections	N/A
H6013	Cellulitis of external ear, bilateral	Acute Infections	N/A
H6020	Malignant otitis externa, unspecified ear	Return to Provider	N/A
H6021	Malignant otitis externa, right ear	Return to Provider	N/A

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J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or 08

Enter Code ☐

Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay?

0. **No**
1. **Yes**
8. **Unknown**

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Clinical Crosswalk Example

I2589	Other forms of chronic ischemic heart disease	Cardiovascular and Coagulations	N/A
I259	Chronic ischemic heart disease, unspecified	Cardiovascular and Coagulations	N/A
I2601	Septic pulmonary embolism with acute cor pulmonale	Return to Provider	N/A
I2602	Saddle embolus of pulmonary artery with acute cor pulmonale	Cardiovascular and Coagulations	May be Eligible for the Non-Orthopedic Surgery Category
I2609	Other pulmonary embolism with acute cor pulmonale	Cardiovascular and Coagulations	May be Eligible for the Non-Orthopedic Surgery Category
I2690	Septic pulmonary embolism without acute cor pulmonale	Return to Provider	N/A
I2692	Saddle embolus of pulmonary artery without acute cor pulmonale	Cardiovascular and Coagulations	May be Eligible for the Non-Orthopedic Surgery Category
I2693	Single subsegmental pulmonary embolism without acute cor pulmonale	Cardiovascular and Coagulations	May be Eligible for the Non-Orthopedic Surgery Category
I2694	Multiple subsegmental pulmonary emboli without acute cor pulmonale	Cardiovascular and Coagulations	May be Eligible for the Non-Orthopedic Surgery Category
I2699	Other pulmonary embolism without acute cor pulmonale	Cardiovascular and Coagulations	May be Eligible for the Non-Orthopedic Surgery Category
I270	Primary pulmonary hypertension	Cardiovascular and Coagulations	N/A
I271	Kyphoscoliotic heart disease	Cardiovascular and Coagulations	N/A
I2720	Pulmonary hypertension, unspecified	Cardiovascular and Coagulations	N/A

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J2100 Recent Surgery Requiring Active SNF Care

- Generally, major surgery for item J2100 refers to a procedure that meets the following criteria:
  1. The resident was an inpatient in an acute care hospital for at least one day in the 30 days prior to admission to the skilled nursing facility (SNF), and
  2. The surgery carried some degree of risk to the resident's life or the potential for severe disability
- Surgeries requiring active care during the SNF stay are surgeries that have a direct relationship to the resident's primary SNF diagnosis, as coded in I0020B
- Do not include conditions that have been resolved, do not affect the resident's current status, or do not drive the resident's plan of care during the 7-day look-back period, as these would be considered surgeries that do not require active care during the SNF stay

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J2100 Recent Surgery Requiring Active SNF Care

- Recent surgery during an Interrupted Stay
- The resident returns to the same SNF for skilled services related to the total knee replacement after being in the hospital for two midnights, qualifying as an interrupted stay
  - No new 5-day MDS is required for an interrupted stay because it is a continuation of the previous SNF stay
  - If the SNF chooses to complete an Interim Payment Assessment (IPA) for this resident, J2100 will still be coded 'yes,' and the total knee replacement from the three-day qualifying hospital stay will still be captured in J2300
  - If the facility chooses not to complete an IPA, payment will continue to be based off the existing 5-day assessment that captured that total knee replacement

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J2100 Recent Surgery Requiring Active SNF Care

- Recent surgery during a New Stay
- The resident returns to the same SNF for skilled services related to the total knee replacement after being in the hospital for three midnights
    - This resident has had an intervening three-day hospital stay
        - The hospital stay when the resident had the total knee replacement is no longer the immediately preceding inpatient stay, so it should not be coded on the new 5-day MDS even though the resident is still receiving skilled services related to the total knee replacement
        - J2100 would be coded 2 (no), and no surgical procedures would be captured in J2300 – J2500 on the 5-day MDS for this resident who had monitoring and cardiac assessment in the immediately preceding three-day qualifying hospital stay
        - Page J-37 in chapter 3 of the RAI User's Manual clarifies the J2100 question:
        - This item identifies whether the resident had major surgery during the inpatient stay that **immediately preceded the resident's Part A admission**. A recent history of major surgery can affect a resident's recovery

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J2100 Recent Surgery Requiring Active SNF Care

- Recent surgery during a New Stay
- Officials with the Centers for Medicare & Medicaid Services reaffirmed this interpretation of the coding instructions during the September 19 Skilled Nursing Facility/Long-term Care Open Door Forum: "If you have a hospital stay that happens in the interim that would create a new stay, then that hospital stay becomes the stay from which you would draw your responses for [J2100 – J5000]," they said
- MDS item A2400B (Start Date of Most Recent Medicare Stay) can serve as a guide for determining which inpatient hospital stay qualifies for J2100 – J5000, advised officials: "The date in A2400 provides a pretty good sense of when the Part A stay began, and then the hospital stay which occurred prior to that Medicare start date is the one we are looking at. That might provide a good way of trying to understand the intent in terms of what hospital stay should be considered for that"

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	Surgical Procedures - Complete only if J2100 = 1
↓	**Check all that apply**
	Major Joint Replacement
☐	**J2300. Knee Replacement** - partial or total
☐	**J2310. Hip Replacement** - partial or total
☐	**J2320. Ankle Replacement** - partial or total
☐	**J2330. Shoulder Replacement** - partial or total
	Spinal Surgery
☐	**J2400. Involving the spinal cord or major spinal nerves**
☐	**J2410. Involving fusion of spinal bones**
☐	**J2420. Involving lamina, discs, or facets**
☐	**J2499. Other major spinal surgery**
	Other Orthopedic Surgery
☐	**J2500. Repair fractures of the shoulder** (including clavicle and scapula) **or arm** (but not hand)
☐	**J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle** (not foot)
☐	**J2520. Repair but not replace joints**
☐	**J2530. Repair other bones** (such as hand, foot, jaw)
☐	**J2599. Other major orthopedic surgery**

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	Neurological Surgery
☐	**J2600. Involving the brain, surrounding tissue or blood vessels** (excludes skull and skin but includes cranial nerves)
☐	**J2610. Involving the peripheral or autonomic nervous system** - open or percutaneous
☐	**J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices**
☐	**J2699. Other major neurological surgery**
	Cardiopulmonary Surgery
☐	**J2700. Involving the heart or major blood vessels** - open or percutaneous procedures
☐	**J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords** - open or endoscopic
☐	**J2799. Other major cardiopulmonary surgery**
	Genitourinary Surgery
☐	**J2800. Involving male or female organs** (such as prostate, testes, ovaries, uterus, vagina, external genitalia)
☐	**J2810. Involving the kidneys, ureters, adrenal glands, or bladder** - open or laparoscopic (includes creation or removal of nephrostomies or urostomies)
☐	**J2899. Other major genitourinary surgery**
	Other Major Surgery
☐	**J2900. Involving tendons, ligaments, or muscles**
☐	**J2910. Involving the gastrointestinal tract or abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas, or spleen** - open or laparoscopic (including creation or removal of ostomies or percutaneous feeding tubes, or hernia repair)
☐	**J2920. Involving the endocrine organs** (such as thyroid, parathyroid), **neck, lymph nodes, or thymus** - open
☐	**J2930. Involving the breast**
☐	**J2940. Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant**
☐	**J5000. Other major surgery not listed above**

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PDPM ICD-10, SLP Comorbidity and NTA Crosswalk

- Updated for FY2023 and latest released ICD-10 codes for 10-01-22 MDSs and later.

*Copy and paste the link below to go directly to the Zip file

- ICD-10-CM NTA Mapping Document

https://www.cms.gov/files/zip/fy-2023-pdpm-icd-10-mappings.zip

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PT/OT/ST Case-Mix

10 PDPM primary clinical categories	4 corresponding PT/OT collapsed categories	2 corresponding SLP collapsed categories
Major Joint Replacement or Spinal Surgery	Major Joint Replacement or Spinal Surgery	Non-Neurologic
Non-Surgical Orthopedic/Musculoskeletal	Other Orthopedic	Non-Neurologic
Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	Other Orthopedic	Non-Neurologic
Acute Infections	Medical Management	Non-Neurologic
Medical Management	Medical Management	Non-Neurologic
Cancer	Medical Management	Non-Neurologic
Pulmonary	Medical Management	Non-Neurologic
Cardiovascular and Coagulations	Medical Management	Non-Neurologic
Acute Neurologic	Non-Orthopedic Surgery and Acute Neurologic	Acute Neurologic
Non-Orthopedic Surgery	Non-Orthopedic Surgery and Acute Neurologic	Non-Neurologic

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ST Case-Mix (3 characteristics)

1. Clinical Category
   - Focuses on the primary clinical reason being "Acute Neurologic" or "Non-Neurologic"
     - Focuses on the primary clinical reason selected at I0020/I0020B
2. Swallowing disorder or mechanically-altered diet
   - Increased provider cost for either of the above and more if both are present
   - Classification can be "either", "neither", or "both"
   - Identified in K0100A-D (swallowing disorder) and K510C2 (mechanically-altered diet)

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ST Case-Mix (3 characteristics)

- <u>Swallowing issues-</u>
  - *Loss of liquids/solids from mouth when eating or drinking*
- When the resident has food or liquid in his or her mouth, the food or liquid dribbles down chin or falls out of the mouth
  - *Holding food in mouth/cheeks or residual food in mouth after meals*
- Holding food in mouth or cheeks for prolonged periods of time (sometimes labeled pocketing) or food left in mouth because resident failed to empty mouth completely
  - *Coughing or choking during meals or when swallowing medications*
- The resident may cough or gag, turn red, have more labored breathing, or have difficulty speaking when eating, drinking, or taking medications. The resident may frequently complain of food or medications "going down the wrong way."
  - *Complaints of difficulty or pain with swallowing*
- Resident may refuse food because it is painful or difficult to swallow

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ST Case-Mix (3 characteristics)

3. Cognitive status or SLP related comorbidity present
   - Aphasia
   - CVA, TIA, or Stroke
   - Hemiplegia or Hemiparesis
   - TBI
   - Tracheostomy care (while a resident)
   - Vent/respirator (while a resident)
   - Laryngeal cancer
   - Apraxia
   - Dysphagia
   - ALS
   - Oral cancers
   - Speech and language deficits

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ST Cognitive Function Scale

- Made up of a combination of the Brief Interview of Mental Status (BIMS) and Cognitive Performance Scale (CPS)
  - Cognitively Intact
    - BIMS 13-15, CPS 0
  - Mildly Impaired
    - BIMS 8-12, CPS 1-2
  - Moderately Impaired
    - BIMS 0-7, CPS 3-4
  - Severely Impaired
    - BIMS -, CPS 5-6
  - 12 ST groups

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ST Cognitive Performance Scale (CPS)

B0100	Coma (B0100 = 1) and completely ADL dependent or ADL did not occur (G0110A1, G0110B1, G0110H1, G0100I1 all = 4 or 8)
C1000	Severely impaired cognitive skills (C1000 = 3)
B0700, C0700, C1000	Two or more of the following impairment indicators are present: B0700 > 0 Problem being understood C0700 = 1 Short-term memory problem C1000 > 0 Cognitive skills problem **and** One or more of the following severe impairment indicators are present: B0700 >= 2 Severe problem being understood C1000 >= 2 Severe cognitive skills problem

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ST Case Mix Groups

Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case- Mix Group	SLP Case-mix Index
None	Neither	SA	0.68
None	Either	SB	1.82
None	Both	SC	2.66
Any one	Neither	SD	1.46
Any one	Either	SE	2.33

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ST Case Mix Groups

Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case- Mix Group	SLP Case-mix Index
Any one	Both	SF	2.97
Any two	Neither	SG	2.04
Any two	Either	SH	2.85
Any two	Both	SI	3.51
All three	Neither	SJ	2.98
All three	Either	SK	3.69
All three	Both	SL	4.19

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Cognition Capturing via BIMS

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C0100 Should Brief Interview for Mental Status Be Conducted?

C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?
Attempt to conduct interview with all residents

Enter Code ☐

0. **No** (resident is rarely/never understood) → Skip to and complete C0700-C1000, Staff Assessment for Mental Status
1. **Yes** → Continue to C0200, Repetition of Three Words

- Determine if the resident is rarely/never understood verbally or in writing
  - If rarely/never understood, skip to C0700 - C0100, Staff Assessment of Mental Status
- Review language item (A1100) to see if resident needs an interpreter, if unavailable the day the assessment is completed code C0100 = 0 to indicate the interview was not attempted and complete the staff assessment
- The BIMS should be conducted if the resident can respond verbally or in writing

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Section C0100

- Attempt to conduct the interview with ALL residents
  - This interview is conducted during the look-back period of the (ARD) and is not contingent upon item B0700, Makes Self Understood
- If the resident interview was not conducted within the look-back period (preferably the day before or the day of) the ARD, item C0100 must be coded 1, Yes, and the standard "no information" code (a dash "-") entered in the resident interview items
- Do not complete the Staff Assessment for Mental Status items (C0700-C1000) if the resident interview should have been conducted but was not done

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Section C0100

- Because the cognitive level is utilized in the speech language pathology (SLP) payment component of PDPM, only in the case of PPS assessments, staff may complete the Staff Assessment for Mental Status for an interviewable resident when the resident is unexpectedly discharged from a Part A stay prior to the completion of the BIMS
- In this case, the assessor should enter 0, No in C0100: Should Brief Interview for Mental Status Be Conducted? and proceed to the Staff Assessment for Mental Status

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Coding Tips for BIMS

- Rules for stopping the interview before it is complete: Stop the interview after completing (C0300C) “day of the week” if:

1. All responses have been Nonsensical (any response that is unrelated, incomprehensible or incoherent; it is not informative with respect to the item being rated)
2. There has been no verbal or written response to any of the questions up to this point; or some of the questions up to this point and for all others the response has been nonsensical

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Samples of Nonsensical v. Incorrect

- Ask the resident the year - if they reply "1935", the answer is wrong, but not nonsensical as this is a logical response to the question
  - In this example, the answer would be coded 0, incorrect
- If the resident responded to the same question about the year as "My daughter's name is Sylvia", this is a nonsensical answer
  - In this example, the answer would be coded as 0, incorrect

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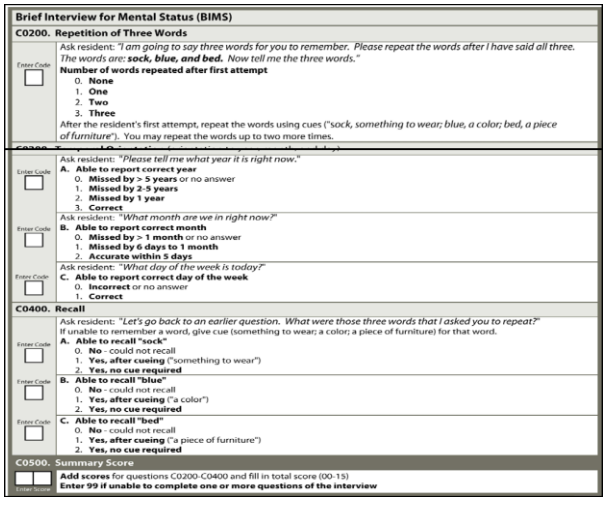
C0200-C0500 BIMS



Brief Interview for Mental Status (BIMS)

C0200. Repetition of Three Words

Enter Code

Ask resident: *"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are:* ***sock, blue, and bed.*** *Now tell me the three words."*

Number of words repeated after first attempt

0. **None**
1. **One**
2. **Two**
3. **Three**

After the resident's first attempt, repeat the words using cues ("*sock, something to wear; blue, a color; bed, a piece of furniture*"). You may repeat the words up to two more times.

Enter Code

Ask resident: *"Please tell me what year it is right now."*

A. Able to report correct year

0. **Missed by > 5 years** or no answer
1. **Missed by 2-5 years**
2. **Missed by 1 year**
3. **Correct**

Enter Code

Ask resident: *"What month are we in right now?"*

B. Able to report correct month

0. **Missed by > 1 month** or no answer
1. **Missed by 6 days to 1 month**
2. **Accurate within 5 days**

Enter Code

Ask resident: *"What day of the week is today?"*

C. Able to report correct day of the week

0. **Incorrect** or no answer
1. **Correct**

C0400. Recall

Enter Code

Ask resident: *"Let's go back to an earlier question. What were those three words that I asked you to repeat?"*

If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.

A. Able to recall "sock"

0. **No** - could not recall
1. **Yes, after cueing** ("something to wear")
2. **Yes, no cue required**

Enter Code

B. Able to recall "blue"

0. **No** - could not recall
1. **Yes, after cueing** ("a color")
2. **Yes, no cue required**

Enter Code

C. Able to recall "bed"

0. **No** - could not recall
1. **Yes, after cueing** ("a piece of furniture")
2. **Yes, no cue required**

C0500. Summary Score

Enter Score

Add scores for questions C0200-C0400 and fill in total score (00-15)
Enter 99 if unable to complete one or more questions of the interview

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C0200 Repetition of Three Words

Brief Interview for Mental Status (BIMS)	
C0200. Repetition of Three Words	
Enter Code ☐	Ask resident: *"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are:* ***sock, blue, and bed.*** *Now tell me the three words."* **Number of words repeated after first attempt** 0. **None** 1. **One** 2. **Two** 3. **Three** After the resident's first attempt, repeat the words using cues ("*sock, something to wear; blue, a color; bed, a piece of furniture*"). You may repeat the words up to two more times.

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BIMS

- When staff identify that the resident's primary method of communication is in written format, the BIMS can be administered in writing
- The administration of the BIMS in writing should be limited to this circumstance
- See Appendix E for details regarding how to administer the BIMS in writing

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C0300 Temporal Orientation

	C0300. Temporal Orientation (orientation to year, month, and day)
Enter Code ☐	Ask resident: "*Please tell me what year it is right now.*" **A. Able to report correct year** 0. **Missed by > 5 years** or no answer 1. **Missed by 2-5 years** 2. **Missed by 1 year** 3. **Correct**
Enter Code ☐	Ask resident: "*What month are we in right now?*" **B. Able to report correct month** 0. **Missed by > 1 month** or no answer 1. **Missed by 6 days to 1 month** 2. **Accurate within 5 days**
Enter Code ☐	Ask resident: "*What day of the week is today?*" **C. Able to report correct day of the week** 0. **Incorrect** or no answer 1. **Correct**

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C0300 Temporal Orientation

- Ask each question separately
- Allow the resident ***30 seconds*** for each answer and do not provide any cues
- If the resident specifically asks for clues (e.g., is it Bingo day?) respond by saying, " I need to know if you can answer this question without any help from me."

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C0400 Recall

C0400. Recall	
	Ask resident: *"Let's go back to an earlier question. What were those three words that I asked you to repeat?"* If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.
Enter Code ☐	**A. Able to recall "sock"** 0. **No** - could not recall 1. **Yes, after cueing** ("something to wear") 2. **Yes, no cue required**
Enter Code ☐	**B. Able to recall "blue"** 0. **No** - could not recall 1. **Yes, after cueing** ("a color") 2. **Yes, no cue required**
Enter Code ☐	**C. Able to recall "bed"** 0. **No** - could not recall 1. **Yes, after cueing** ("a piece of furniture") 2. **Yes, no cue required**

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C0400 Recall

- Ask the resident the following, let's go back to an earlier question. What were those 3 words I asked you to repeat?
  - Allow up to ***5 seconds*** for a spontaneous recall of each word
  - For any step that is not correctly recalled after ***5 seconds***, provide a category cue
  - Only use these cues after the resident is unable to recall one or more of the 3 words
  - Allow ***5 seconds*** for a response after providing the category cue
- Code 0, No-could not recall
- Code 1, Yes- after cueing
- Code 2, Yes – no cueing required

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C0400 Coding Tips

- If on the first try, without cueing, the resident names multiple items in a category and one of them is correct, they should be coded as correct for that item
- If, however, the interviewer gives the resident the cue and the resident then names multiple items in the category, the item is coded as could not recall, even if the correct item was in the list

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C0500 Summary Score

- Add the scores:
  - 13-15: Cognitively Intact
  - 8-12: Moderately Impaired
  - 0-7: Severe Impairment

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C0600 Should Staff Assessment be Conducted?

C0600. Should the Staff Assessment for Mental Status (C0700 - C1000) be Conducted?	
Enter Code ☐	0. **No** (resident was able to complete interview) → Skip to C1300, Signs and Symptoms of Delirium 1. **Yes** (resident was unable to complete interview) → Continue to C0700, Short-term Memory OK

- Code 0, No if the BIMS score is between 00 and 15, then skip to C1300
- Code yes, if resident refuses to participate, or if 4 or more items were coded 0 continue to C0700-C1000

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C0700 – C1000 Staff Assessment of Mental Status Items

C0700. Short-term Memory OK	
Enter Code ☐	**Seems or appears to recall after 5 minutes** 0. **Memory OK** 1. **Memory problem**
C0800. Long-term Memory OK	
Enter Code ☐	**Seems or appears to recall long past** 0. **Memory OK** 1. **Memory problem**
C0900. Memory/Recall Ability	
↓	**Check all that the resident was normally able to recall**
☐	**A. Current season**
☐	**B. Location of own room**
☐	**C. Staff names and faces**
☐	**D. That he or she is in a nursing home**
☐	**Z. None of the above** were recalled
C1000. Cognitive Skills for Daily Decision Making	
Enter Code ☐	**Made decisions regarding tasks of daily life** 0. **Independent** - decisions consistent/reasonable

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C0700 Short Term Memory

C0700. Short-term Memory OK	
Enter Code ☐	Seems or appears to recall after 5 minutes 0. Memory OK 1. Memory problem

- Assess the resident on all shifts
- Ask the direct care staff and the family
- Code 0, memory ok if the resident recalled information within the last 5 minutes
- Code 1, memory problem if the resident shows the absence of recall of information within the last 5 minutes
- Use an event that occurred within the last 5 minutes to assess short term memory

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C0800 Long Term Memory

C0800. Long-term Memory OK	
Enter Code ☐	Seems or appears to recall long past 0. Memory OK 1. Memory problem

- Use resident memorabilia to engage the resident in conversation to assess long term memory
- Code 0, Memory ok, if the resident accurately recalled long past information
- Code 1, if the resident did not recall at all or correctly
- If the test cannot be completed use a dash (–) to indicate the info could not be assessed

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C0900 Memory Recall Ability

C0900. Memory/Recall Ability	
↓ Check all that the resident was normally able to recall	
☐	A. Current season
☐	B. Location of own room
☐	C. Staff names and faces
☐	D. That he or she is in a nursing home
☐	Z. None of the above were recalled

Check all items the resident recalls correctly

- If the resident has limited or no communication skills, ask the family or direct care staff

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C01000 Cognitive Skills for Daily Decision Making

C1000. Cognitive Skills for Daily Decision Making	
Enter Code ☐	**Made decisions regarding tasks of daily life** 0. **Independent** - decisions consistent/reasonable 1. **Modified independence** - some difficulty in new situations only 2. **Moderately impaired** - decisions poor; cues/supervision required 3. **Severely impaired** - never/rarely made decisions

- Code 0, decisions are consistent, reasonable and organized
- Code 1, modified independence, organized and SAFE decisions in familiar situations, some difficulty with new tasks
- Code 2, moderately impaired, decisions poor, needs cueing, supervision in planning daily routines
- Code 3, severely impaired, never or rarely makes decisions

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Section GG Functional Assessment

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Section GG Impact on Case Mix

- Section GG Self-Care and Mobility items impacts three of the five PDPM case mix components including PT, OT, and Nursing
- Provider is allowed up to three days, Medicare Start Date (A2400B), and the following two days to assess for the resident's usual performance, unless IPA, then ARD and two preceding days

USUAL PERFORMANCE

- A resident's functional status can be impacted by the environment or situations encountered at the facility
- Observing the resident's interactions with others in different locations and circumstances is important for a comprehensive understanding of the resident's functional status
- If the resident's functional status varies, record the resident's usual ability to perform each activity
- Do not record the resident's best performance and do not record the resident's worst performance, but rather the resident's usual performance

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Section GG Impact on Case Mix

- Assess the resident's self-care performance based on direct observation, *incorporating* resident self-reports and reports from qualified clinicians, care staff, or family documented in the resident's medical record during the three-day assessment period
- CMS anticipates that an interdisciplinary team of qualified clinicians is involved in assessing the resident during the three-day assessment period
- The admission functional assessment, when possible, should be conducted prior to the *resident* benefitting from treatment interventions in order to *reflect the resident's* true *admission* baseline functional status
  - If treatment has started, for example, on the day of admission, a baseline functional status assessment can still be conducted
  - Treatment should not be withheld in order to conduct the functional assessment

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Section GG Impact on Case Mix

What is the provider's best practice in obtaining the functional assessment data?

- **STNA/CNA documentation?**
- Nursing documentation?
- Therapy evaluations?

Utilizing the STNA/CNA ADL documentation over the first three days of the stay

- The assessment of the 24 self-care and mobility items are based on very specific, and at times, multi-step tests
- Unless your STNA/CNAs have been specifically trained and can distinguish between standard ADL care and section GG function assessment, use caution when relying on this documentation
- Have you witnessed the STNA/CNAs actually performing these functional assessments, or could the STNA/CNAs be trying to answer the questions based on daily care provided to everyone?

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Section GG Impact on Case Mix

- What is the provider's best practice in obtaining the functional assessment data?
- STNA/CNA documentation?
- **Nursing documentation?**
- Therapy evaluations?

- Has the nursing staff been trained on the delivery of the section GG Functional Assessment items?
- Are they simply asking the STNA/CNA their opinion of the items?
- Are they trying to respond to all GG items or just a subset?

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Section GG impact on Case Mix

- What is the provider's best practice in obtaining the functional assessment data?
- STNA/CNA documentation?
- Nursing documentation?
- **Therapy evaluations?**

- Pulling the information off the therapy evaluation
- Simply allowing the information from a PT or OT evaluation to auto populate section GG does provide an IDT approach to this assessment
    - Also, this would only be two individuals (PT/OT) opinions to the "usual performance" for the resident in these Functional areas
- Depending on which day of stay and what time of day these evaluations are performed could have a significant impact to the picture obtained of the resident, therefore misrepresenting the "usual performance"

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PT and OT

- Four major clinical categories
  - Major joint replacement or spinal surgery
  - Non-orthopedic surgery & acute neurologic
  - Other orthopedic
  - Medical management

- Section GG item scores on 4-point scale (0-5, 6-9, 10-23, 24)
  - Self-care: eating
  - Self-care: oral hygiene
  - Self-care: toileting hygiene
  - Mobility: average of sit to lying, lying to sitting on side of bed
    - **Average of the two items**
  - Mobility: average of sit to stand, chair/bed-to-chair transfer, toilet transfer
    - **Average of the three items**
  - Mobility: average of walk 50 feet with two turns, walk 150 feet
    - **Average of the two items**

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PT and OT Function Score

- Self-care, mobility, and walking items
  - MDS coded as:
    - 05, 06 (4 points)
      - Set-up, Independent
    - 04 (3 points)
      - Supervision or touching assistance
    - 03 (2 points)
      - Partial/moderate assistance
    - 02 (1 point)
      - Substantial/maximal assistance
    - 01, 07, 09, 88, 10, (-) (0 points)
      - Dependent, refused, N/A, Not Attempted (medical/safety), Not Attempted (environmental), dash

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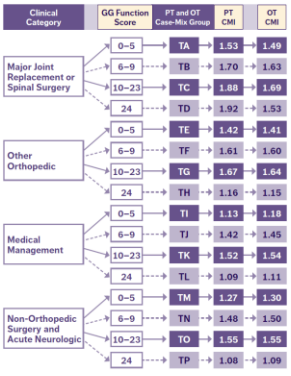
Section GG Impact on Case Mix



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Nursing Case Mix

- Section GG will be utilized to determine the Function Score (same scale used for PT/OT Function Score)
  - Looks at:
    - Self-care eating and toilet hygiene (not oral hygiene)
    - Mobility sit to lying, lying to sitting on side of bed
    - Mobility sit to stand
    - Mobility chair/bed-to-chair transfer
    - Mobility toilet transfer
    - (not walking)

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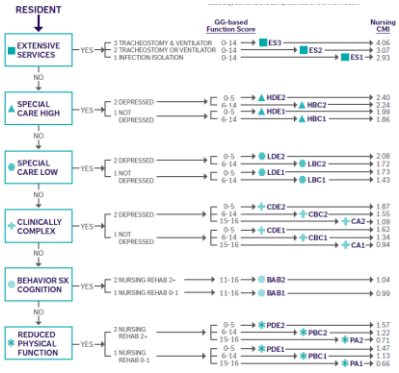
Section GG Impact on Case Mix



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Section GG and the SNF QRP

- SNF QRP for Function requires that all questions in the Admission Performance column be answered with either 1-6 or 7, 88, 9, 10
  - 5 day
- SNF QRP for Function requires that all questions in the Discharge Performance column be answered with either 1-6, or 7, 88, 9, 10
  - End of Medicare Stay assessment
- SNF QRP for Function requires that at least 1 Discharge goal be selected on the 5 day
  - 1 Discharge goal in either Self Care or Mobility
  - Warning on submission if a dash (-) is used in GG
  - CMS expects all goals to be care planned
    - "Goals should be established as part of the resident's care plan." GG-29

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Non-Therapy Ancillary NTA

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Non-Therapy Ancillary (NTA)

- 43% of nursing rate component
- Sever tapering
  - 1/3 of the Case Mix after the third day of stay
- Utilizes a point system using patient conditions and then sums all applicable conditions
  - Accounts for **49** high acuity conditions

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Non-Therapy Ancillary (NTA)

- 22 items taken from existing MDS questions or SNF claims
  - TF, cancers, MS, obesity, Stage IV wounds, bone/joint necrosis
- 27 entered into I8000
- 15 conditions have more than one point, 34 have one point
  - 82 total points available
- HIV/AIDS with most points (8)

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Non-Therapy Ancillary (NTA)

NTA comorbidity score calculation

Condition/Extensive Service	MDS Item	Points
HIV/AIDS	N/A (SNF claim)	8
Parenteral IV Feeding: Level High	K0510A2, K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	O0100H2	5
Special Treatments/Programs: Ventilator or Respirator Post-admit Code	O0100F2	4
Parenteral IV feeding: Level Low	K0510A2, K0710A2, K0710B2	3
Lung Transplant Status	I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	O0100I2	2
Major Organ Transplant Status, Except Lung	I8000	2
Active Diagnoses: Multiple Sclerosis Code	I5200	2
Opportunistic Infections	I8000	2
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	I6200	2
Bone/Joint/Muscle Infections/Necrosis - Except: Aseptic Necrosis of Bone	I8000	2
Chronic Myeloid Leukemia	I8000	2
Wound Infection Code	I2500	2
Active Diagnoses: Diabetes Mellitus (DM) Code	I2900	2

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Non-Therapy Ancillary (NTA)

Endocarditis	I8000	1
Immune Disorders	I8000	1
End-Stage Liver Disease	I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	M1040B	1
Narcolepsy and Cataplexy	I8000	1
Cystic Fibrosis	I8000	1
Special Treatments/Programs: Tracheostomy Care Post-admit Code	O0100E2	1
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	I1700	1
Special Treatments/Programs: Isolation Post-admit Code	O0100M2	1
Specified Hereditary Metabolic/Immune Disorders	I8000	1
Morbid Obesity	I8000	1
Special Treatments/Programs: Radiation Post-admit Code	O0100B2	1
Stage 4 Unhealed Pressure Ulcer Currently present[1]	M0300D1	1
Psoriatic Arthropathy and Systemic Sclerosis	I8000	1
Chronic Pancreatitis	I8000	1
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code	M1040A, M1040C*	1
Complications of Specified Implanted Device or Graft	I8000	1
Bladder and Bowel Appliances: Intermittent catheterization	H0100D	1
Inflammatory Bowel Disease	I1300**	1
Aseptic Necrosis of Bone	I8000	1

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Non-Therapy Ancillary (NTA)

Special Treatments/Programs: Suctioning Post-admit Code	O0100D2	1
Cardio-Respiratory Failure and Shock	I8000	1
Myelodysplastic Syndromes and Myelofibrosis	I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	I8000	1
Diabetic Retinopathy - Except : Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Nutritional Approaches While a Resident: Feeding Tube	K0510B2	1
Severe Skin Burn or Condition	I8000	1
Intractable Epilepsy	I8000	1
Active Diagnoses: Malnutrition Code	I5600	1
Disorders of Immunity - Except : RxCC97: Immune Disorders	I8000	1
Cirrhosis of Liver	I8000	1
Bladder and Bowel Appliances: Ostomy	H0100C	1
Respiratory Arrest	I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	I8000	1

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NTA Comorbidity Mapping

CC39: Bone/Joint/Muscle Infections/Necrosis - Except : RxCC80: Aseptic Necrosis of Bone	M8968	Osteopathy after poliomyelitis, other site
CC39: Bone/Joint/Muscle Infections/Necrosis - Except : RxCC80: Aseptic Necrosis of Bone	M8969	Osteopathy after poliomyelitis, multiple sites
RxCC15: Chronic Myeloid Leukemia	C9210	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
RxCC15: Chronic Myeloid Leukemia	C9211	Chronic myeloid leukemia, BCR/ABL-positive, in remission
RxCC15: Chronic Myeloid Leukemia	C9212	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
Endocarditis	A0102	Typhoid fever with heart involvement
Endocarditis	A1884	Tuberculosis of heart
Endocarditis	A3282	Listerial endocarditis
Endocarditis	A3951	Meningococcal endocarditis
Endocarditis	A5203	Syphilitic endocarditis
Endocarditis	A78	Q fever
Endocarditis	B3321	Viral endocarditis
Endocarditis	B376	Candidal endocarditis
Endocarditis	I330	Acute and subacute infective endocarditis
Endocarditis	I339	Acute and subacute endocarditis, unspecified
Endocarditis	I38	Endocarditis, valve unspecified
Endocarditis	I39	Endocarditis and heart valve disorders in diseases classified elsewhere
Endocarditis	M3211	Endocarditis in systemic lupus erythematosus
RxCC97: Immune Disorders	D800	Hereditary hypogammaglobulinemia
RxCC97: Immune Disorders	D801	Nonfamilial hypogammaglobulinemia
RxCC97: Immune Disorders	D802	Selective deficiency of immunoglobulin A [IgA]

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Non-Therapy Ancillary (NTA)

- Points are added up and the patient will then fall into one of the following six NTA categories:
  - NF (0 points)
  - NE (1-2 points)
  - ND (3-5 points)
  - NC (6-8 points)
  - NB (9-11 points)
  - NA (12+ points)

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IPA

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Interim Payment Assessment (IPA)

- *"We continue to believe that it is necessary for SNFs to continually monitor the clinical status of each and every patient in the facility regularly regardless of payment or assessment requirements and we believe that there should be a **mechanism in place** that would allow facilities to do this" (emphasis added). At the same time, in making the IPA optional, we recognized ". . . that providers may be best situated, as in the case of the Significant Change in Status Assessment, to determine when a change has occurred that should be reported through the IPA." (84 FR 39233) We believe this discussion clearly establishes the IPA as one of the vehicles that the SNF can utilize in the course of carrying out its ongoing patient monitoring responsibilities."*

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IPA

OPTIONAL

- Utilized when patient has change of condition that affects payment
- Resets patient classification and payment as of the ARD, but not tapering (tapering continues)
- Uses the IPA item set (questions that impact any one of the five PDPM components)
- Adds column 5 to section GG to capture GG Functional level in 11 areas of self-care and mobility

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IPA

The IPA comes down to some simple questions:

- If I complete the IPA, will my daily rate increase?
- Will it increase to a level that is worth completing this MDS?
- Is the predicted length of stay following the IPA worth completing this MDS?

Keep in mind the preceding questions as well as the staff time and energy to complete the IPA (GG, BIMS, PHQ-9 also) before the IDT makes the final decision.

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IPA

- If even one of the five Case Mix adjusted PDPM components changes, should you complete an IPA?
- The decision to complete an IPA or not will be a very case by case decision at your facility
- Five separate and distinct Case Mix adjust PDPM components
- Having one increase in its Case Mix doesn't mean that the other four have also
- You could have one increase, three stay the same, and one decrease
  - The overall daily rate may get worse or better in this situation, based on the individual resident acuity that is captured on the MDS

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IPA

- If the resident is discontinued off the therapy case load and they will be skilled for nursing only, should an IPA be completed?
- The optional IPA is not to be confused with the prior EOT MDS that was needed when a resident under a Rehab RUG ends rehab services and continues under a nursing skilled service
- Therapy ending services wouldn't typically be an IPA trigger, but the acuity picture of the resident may warrant an IPA investigation

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IPA

- If the resident meets the criteria for a SCSA, should you also combine it with an IPA?
- The SCSA has very specific criteria for when to complete and not complete, outlined in chapter 2 of the RAI's user manual
- The IPA is a strictly optional assessment for Medicare residents and is to be utilized to capture an increase in the daily PDPM rate
- The IPA cannot be combined with any other assessment

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Operational Summary

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Summary

What PDPM does not change:

- Medicare coverage criteria (MBPM chapter 8)
- Physician Certs
- OBRA MDS requirements
- Completion and submission timing requirements (chapter 2)
- Modification/Inactivation process (chapter 5)
- NOMNC/ABN requirements

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