MEETING SUMMARY

September 11, 2023 Quarterly Nursing Facility Call

9/11/2023, 2:00 p.m. − *3:00 p.m.*

Host

Presenters:

Dawn Sybrant, Program Manager II – MLTC Institutional Services

Summary

This summary is also available at the following website address:

https://dhhs.ne.gov/Pages/Medicaid-Nursing-Facilities.aspx

PASRR Review

- Please make sure you track time limited approvals. If you do the admit/discharge case in Kepro's system, they will literally track it for you.
- All PASRRs must be completed on or before the date of admission. When it is a negative Level I you
 are good to go on the day you submit it. If it escalates to a Level II, DO NOT admit the resident until
 the Level II Is completed.
- There are several categorical Level I PASRRs that can be utilized when you are certain someone will escalate to a Level II. If they are in the hospital, there is a 30-day hospital exempt. If it involves APS and they are at the emergency room and need placement, there is a 7-day emergency. If someone enters on a 7-day emergency, start the new PASRR the day they admit. There is a 30-day respite. When a family needs some respite time, the NF can submit the respite categorical. The NF just needs to ensure they track the time.
- Medicaid cannot reimburse for room and board for days that a resident does NOT have a valid PASRR in place. This is a federal requirement with no exceptions.

NF LOC Review

- When a facility receives the Notice of Role of Nursing Facility, that is the perfect time to make the referral. ALWAYS keep the fax transmittal report that shows the fax went through and was "ok"
- If you do not hear from AAA/LHD within a couple of days, call them and ask the status.
- The Medicaid determination date is the date at the top of the first NOA that is received when the resident is approved for Medicaid. It is titled "Notice Date". That is the date we use to determine if the referral for the NF LOC was made within the required 14 days for residents that enter the facility private pay or some other payer source.
- When a skilled stay is involved (whether it is Medicare or once of Medicaid's MCOs), the NF LOC must be made by the last covered day of the skilled stay.
- If the resident enters on hospice and comes off hospice, please let Tonya or myself know as we need to do an adjustment in the system in order for the NF to take over room and board reimbursement.
- If the resident was on waiver for ALF and moves to a NF, the waiver counts as the NF LOC as long as it was still open the month prior to moving to the NF.

• We have had several instances where the NF LOC was forgotten. It is highly important that the referral be made within the timeframes of the regulations.

Mapping Rug III to PDPM

- There have been several questions regarding a crosswalk from RUG III to PDPM unfortunately there is not a straight across crosswalk. There are a few reasons for this.
- We went from a 34 grouper with RUG III to 25 nursing component levels with PDPM. There will be overlap.
- Also, PDPM more closely mirrors RUG IV which Nebraska did not convert to since the PDPM announcement was made in approximately 2018.
 - The quick and easy answer is that PDPM parallels RUGS IV more closely than RUGS III.
 - ➤ In RUGS III, there are 5 indicators to qualify for Extensive Services. (Parenteral/IV feeding, Suctioning, Trach Care, Ventilator Use and IV Medications) Under PDPM- only 2 of these indicators qualify into Special Care. (Ventilators and Tracheostomies)
 - ➤ The other 3 are classified in PDPM into lower categories. The highest the parenteral/IV feeding would classify would be the Special Care High Category, the IV Medications into Clinically complex, and suctioning is not a qualifier at all in PDPM.
- Anything further beyond what I just mentioned really goes beyond my scope of expertise.

Care Level Conversions to PDPM on 7.1.2023

- The initial conversion on 7.3.2023 went pretty well. The main issues I have seen for residents who did not convert properly are for late June admissions, residents that were at the hospital at the time of the conversion or so recently re-entered that the re-entry had not been received in Casemix AND sent to MMIS prior to the morning of 7.3.2023.
- Other issues that I see are residents newly determined eligible for Medicaid after the conversion date. Likewise, newly eligible residents that entered a facility prior to a change of ownership can also experience an issue with the conversion.
- We submitted 93 names just over a week ago. I have three residents that still require a fix. Once those three are fixed, I will notify the facilities.
- One thing to remember is that once a claim pays with the incorrect care level, an adjustment must be sent in. There are no auto corrections to care levels on our end. Need to be mindful of the 90-day requirement for adjustments.
- Please let us know if you see residents that have paid at an incorrect care level. Please send those issues directly to Dawn.

Bed Move Reminder

- Please remember to let us know if you have resident's that move into or out of a Medicaid certified bed.
- We do not need you to send a move from one Medicaid bed to another Medicaid bed.
- Follow the link below and under the section Bed Moves there is a link to the form.
 - https://dhhs.ne.gov/Pages/Medicaid-Provider-Nursing-Facility-Casemix.aspx

Weighted Days Reminder

- We will be sending out the reminder in a couple of weeks for weighted days. This year we are planning on including a couple more resources for everyone.
 - The main ask this year is to <u>include the name of the facility and the city it is located in in the subject line</u> when sending the email to <u>DHHS.NECaseMix@nebraska.gov</u> This will greatly reduce Tonya's time when going back to assist in the order received.

Kepro Training

- Kepro holds monthly training for PASRR, hosted by Ellen Olson. This is an overlooked resource. In addition, their website has recordings of past training you can watch. They are around 50 to 55 minutes long.
 - \circ The information for Kepro is below.
 - https://nepasrr.kepro.com/
 - NEPASRR@kepro.com
 - **1**-833-840-9945