

A collection of overlapping, semi-transparent geometric shapes in various colors including red, orange, yellow, green, blue, and purple, creating a vibrant, abstract pattern on the left side of the slide.

# PDPM: A World Where Nursing & Therapy Are the Unlikely Heroes

# What if

PREPARE. EXECUTE. SUCCEED.

## Today's Presenter



**Elisa Bovee, OTR/L**  
**Clinical Strategies, HealthPRO® Heritage**

Expertise in healthcare reform,  
clinical reimbursement support,  
solutions-oriented strategy, and  
proactive communication & collaboration

## Agenda

**PDPM**  
WEEKS TO  
PREPARE  
**16**

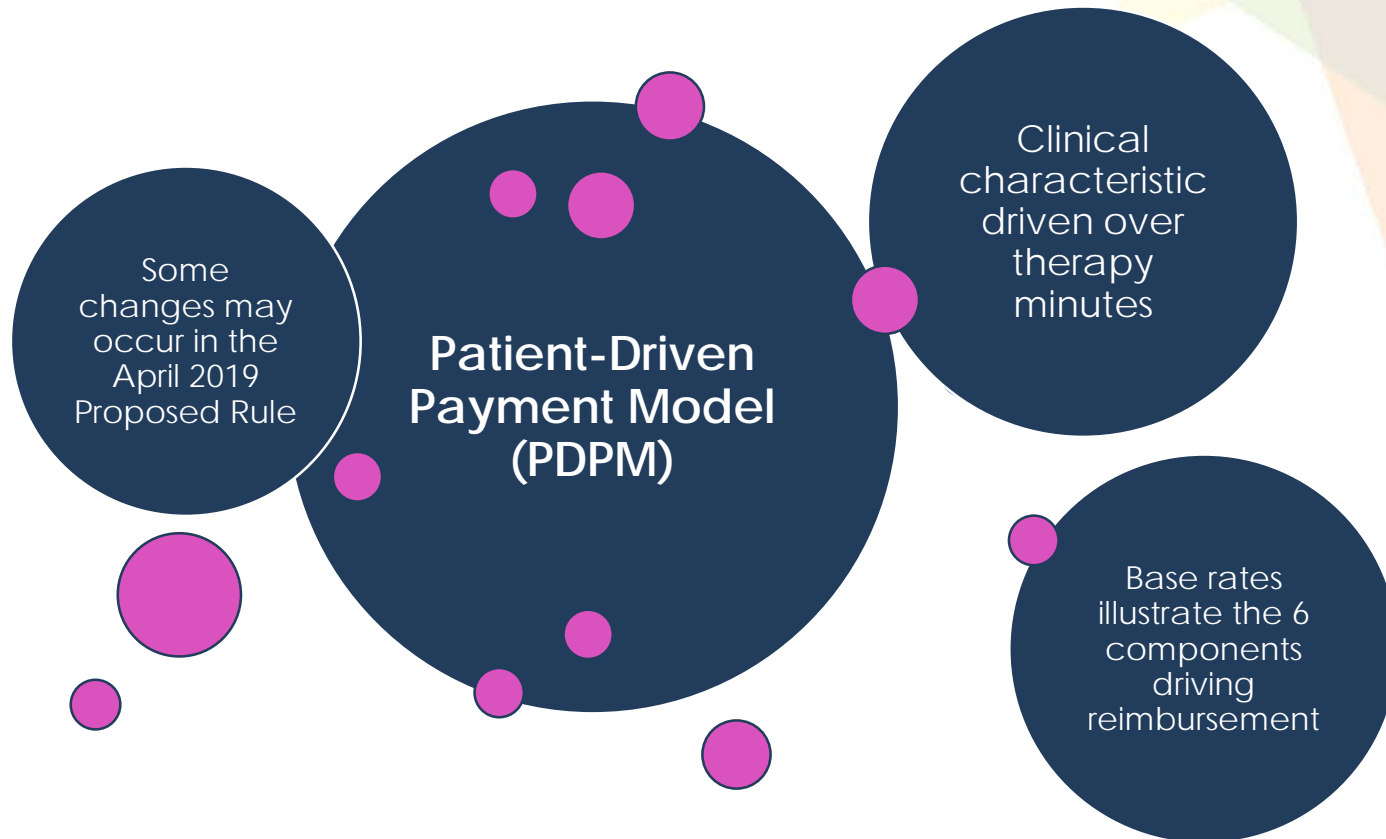
### Participants will understand...

How to define success under PDPM, and the importance of embracing change to prepare NOW. What specific innovative tools, resources and strategies are required to succeed. Discussion will focus on the seven "Key PDPM Core Competencies".

We'll discuss leveraging opportunity, the importance of studying predictive financial models, and understanding how coding and other key care management processes will impact your facility's fiscal gain/loss.

The unique opportunity that exists to leverage therapy services in a way that reduces the burden on nursing and how this "role reversal" opens the door for enhanced clinical and operational collaboration between therapy and nursing to assure fiscal success.

## Final Rule for SNFs FY 2019



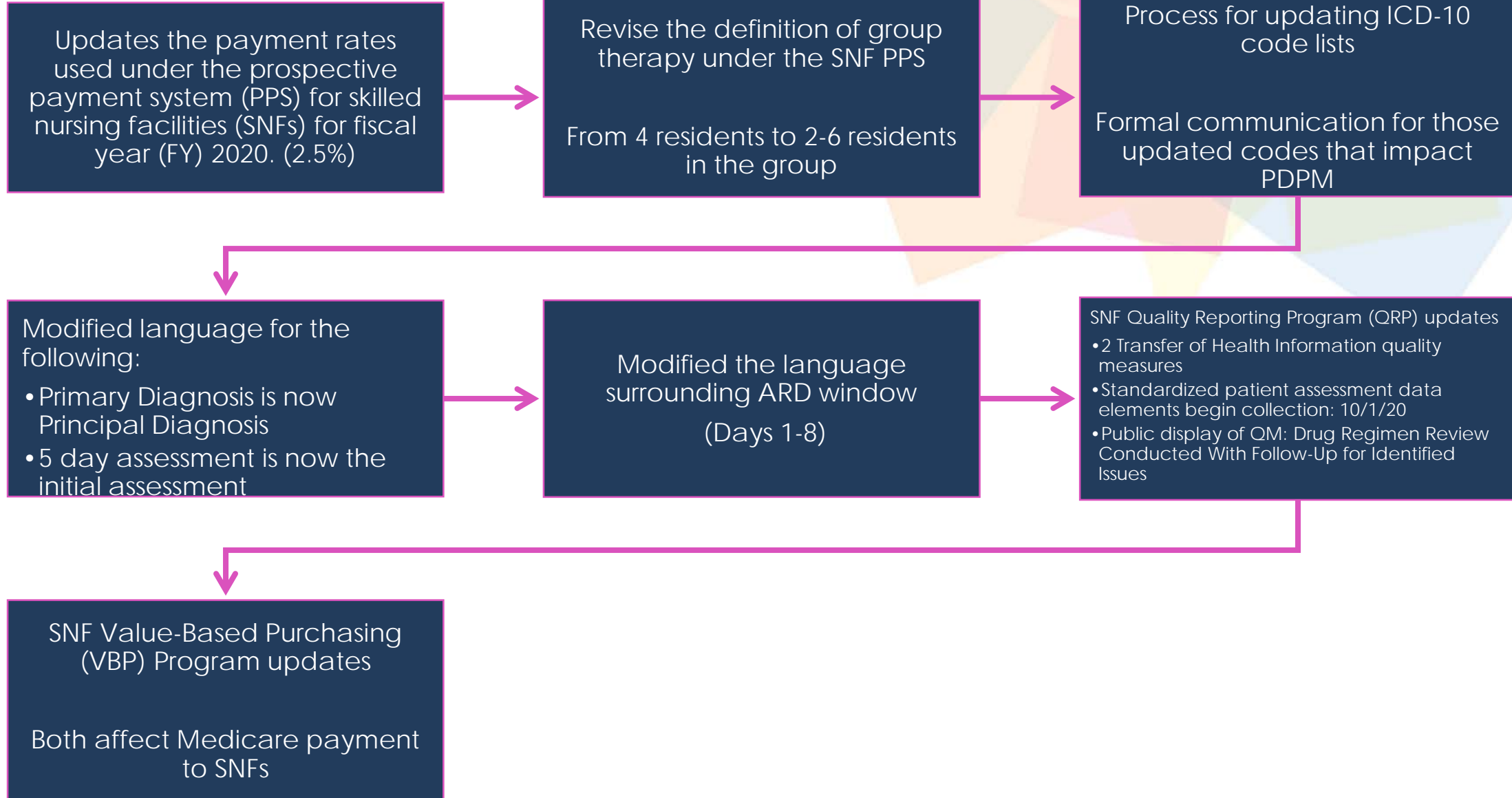
### Evolution of Medicare

- Multiple programs intersecting

### Expect changes in

- Clinical model
- Reimbursement model
- Financial model
- Outcomes driven

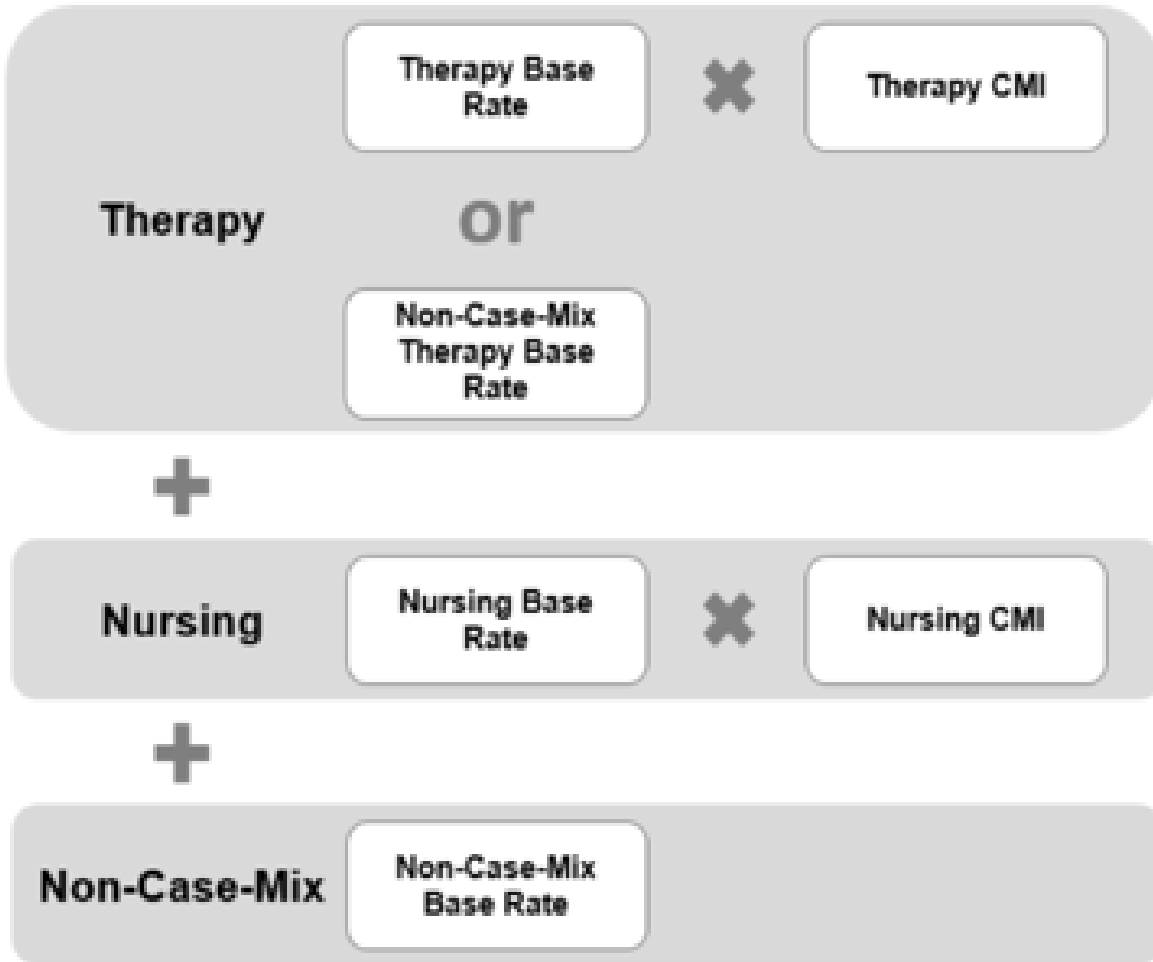
## Proposed Rule Overview FY 2020



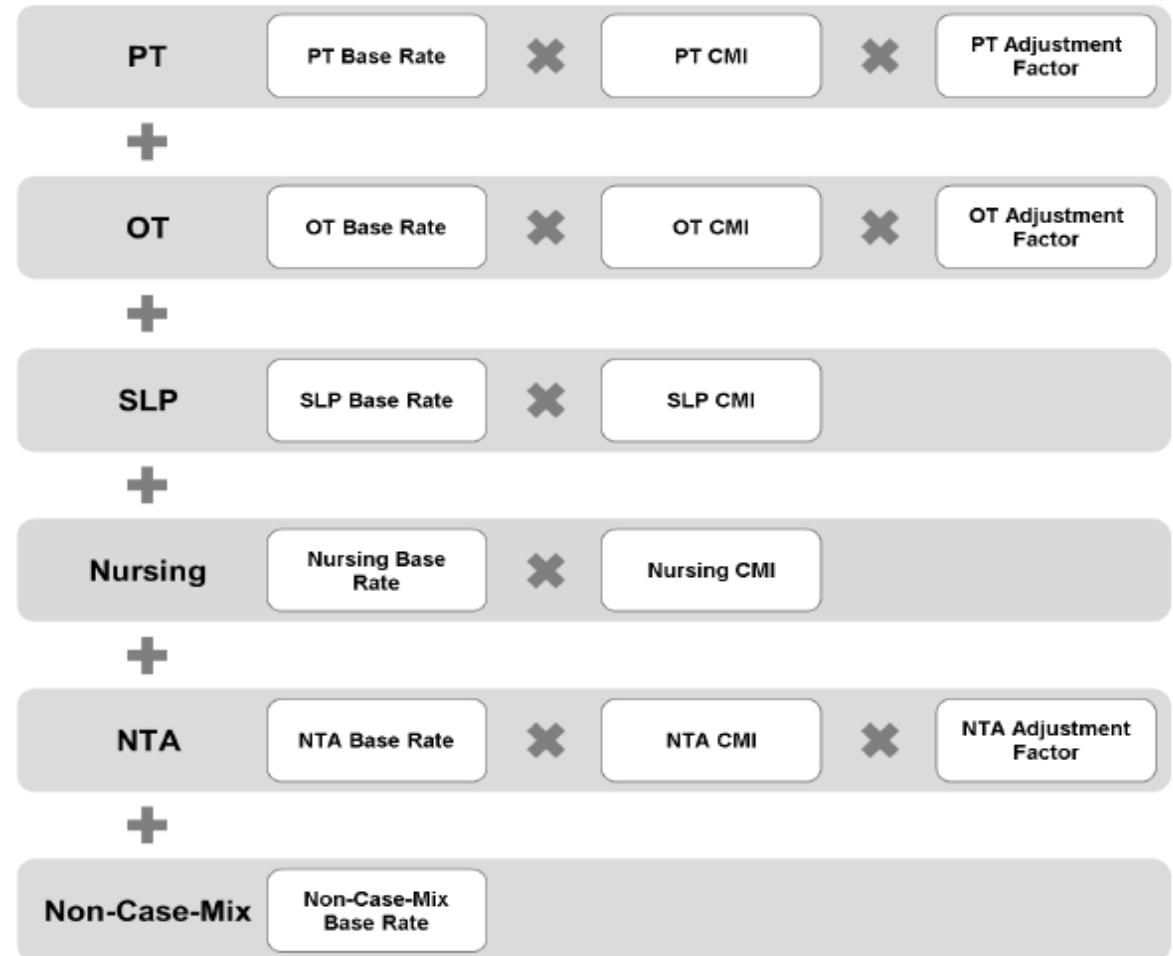


## Today Versus The New World of PDPM

### Current Case Mix Adjusted Payment



### Case Mix Adjusted Payment



## What Does PDPM Success Look Like?

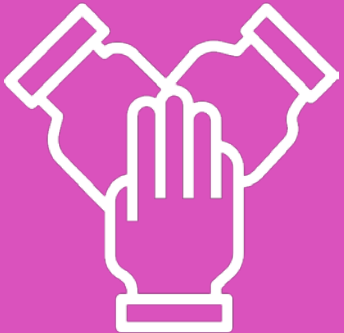
Advancing clinical competencies and VBP

Correct coding initiatives

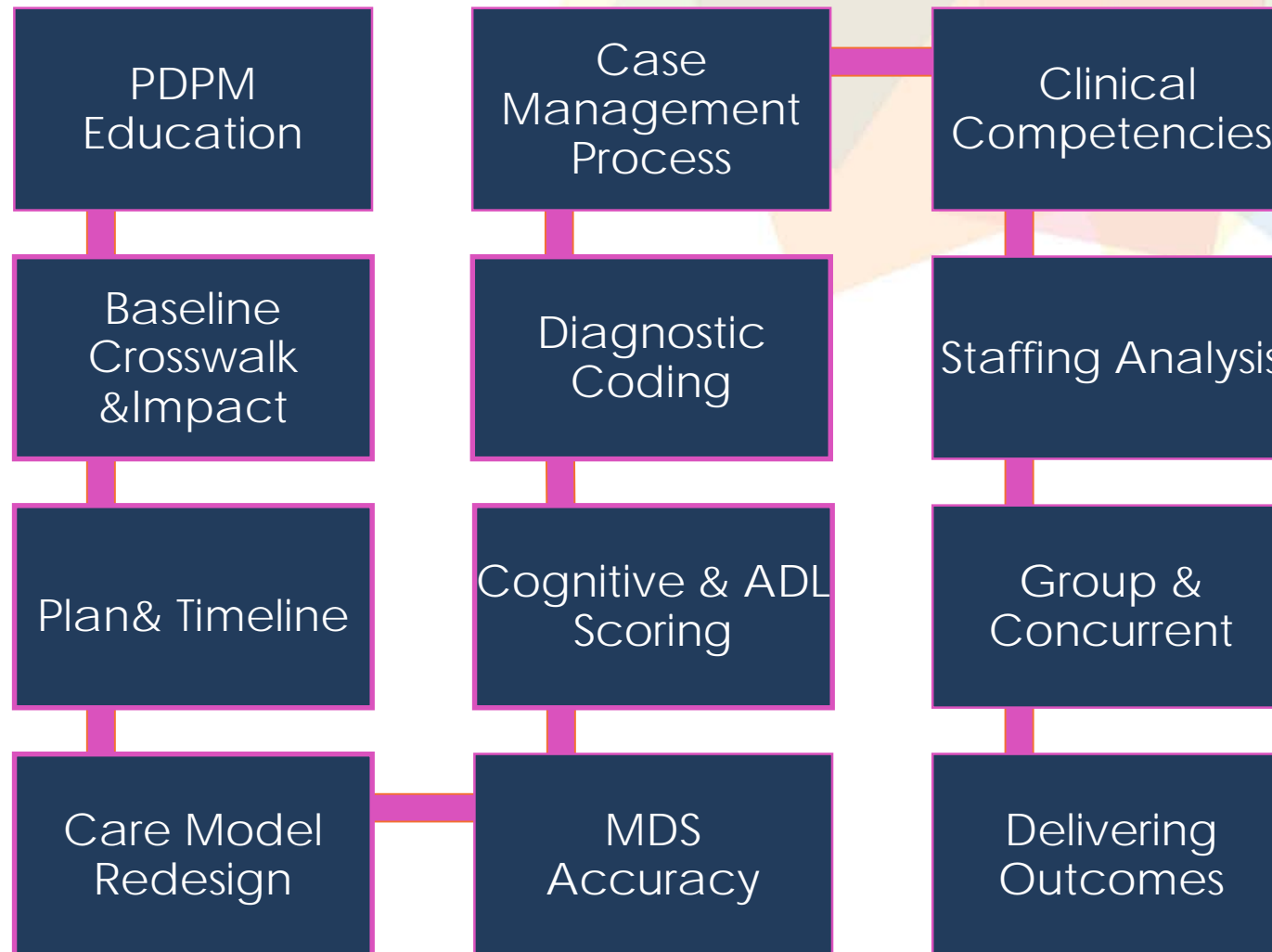
Preferred provider networks/ACO inclusion/improved market standing/share

Improving case management- all payers

IDT Collaboration



## PDPM: Key Competencies for Success





## What Is **NOT** Changing Under PDPM

Resident population's need for therapy & nursing services

Focus on outcomes

Readmission mitigation focus

Functional rehab treatments

Safe Transitions: Transitioning to the next level of care

Evidence-based practice

Continued collaboration as an IDT

Timeliness of documentation

Documentation guidelines & the definition of a skilled service

Need for accurate & specific diagnosis coding

## Medicare Part A Skilled Level of Care Requirements

### Reasonable and Necessary

- The hospital stay must have been medically necessary and the SNF services must be needed for a condition in which the person was treated during the qualifying hospital stay or a condition which arises while in the SNF for treatment of that condition
- The treatment type, expected duration and frequency, and expected outcome must be reasonable

### Coverage Criteria

- Defined skilled services- skilled nursing 7 days/week, PT/OT/ST at least 5 days/week
- Skilled Care Maintain the patients current condition or prevent or slow further deterioration
- Daily skilled documentation is necessary to describe the skilled required
- Nursing services are considered skilled when they are so inherently complex that they can be safely and effectively performed only by, or under the supervision of, a registered nurse or, when provided by regulation, a licensed practical (vocational) nurse. (See 42CFR §409.32)
- Practical matter- Based on economy and efficiency care, services can only be provided in a SNF

## PDPM Administrative Presumption

PDPM classifiers designated under the presumption:

- Nursing: Extensive Services, Special Care High, Special Care Low, and Clinically Complex nursing categories
- PT & OT groups TA, TB, TC, TD, TE, TF, TG, TJ, TK, TN, TO
  - (TH, TI, TL, TM, TP not included – which contain GG scores of 0-5 and 24)
- SLP groups SC, SE, SF, SH, SI, SJ, SK, SL
  - (SA, SB, SD, SG not included – do not have MAD or Swallow disorder)
- NTA component's uppermost (12+) comorbidity group

Nursing Components **NOT** included in Presumption of Coverage

Nursing: Reduced Physical Function & Behavioral and Cognitive nursing categories

All NTA case mix groups except NA

## Freaky Friday: Role Reversal!

Today  
Under  
RUG-  
IV

- 90%+ skilled days covered under rehab
- Nursing supports therapy treatment in documentation
- Very little focus on the nursing skilled services 7 days/week

Tomorrow  
Under  
PDPM

- Nursing skilled services take a front seat
- Therapy will need to begin supporting nursing documentation
- How can rehab take some of the added pressure from nursing ?

## One Provider's Recipe...



Evaluate PDPM Financial Impact,  
Quality Measures and Clinical Capabilities



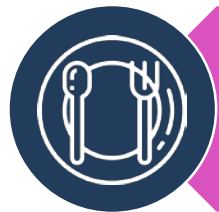
Analyze Components

- PT/OT • Nursing • ST • NTA



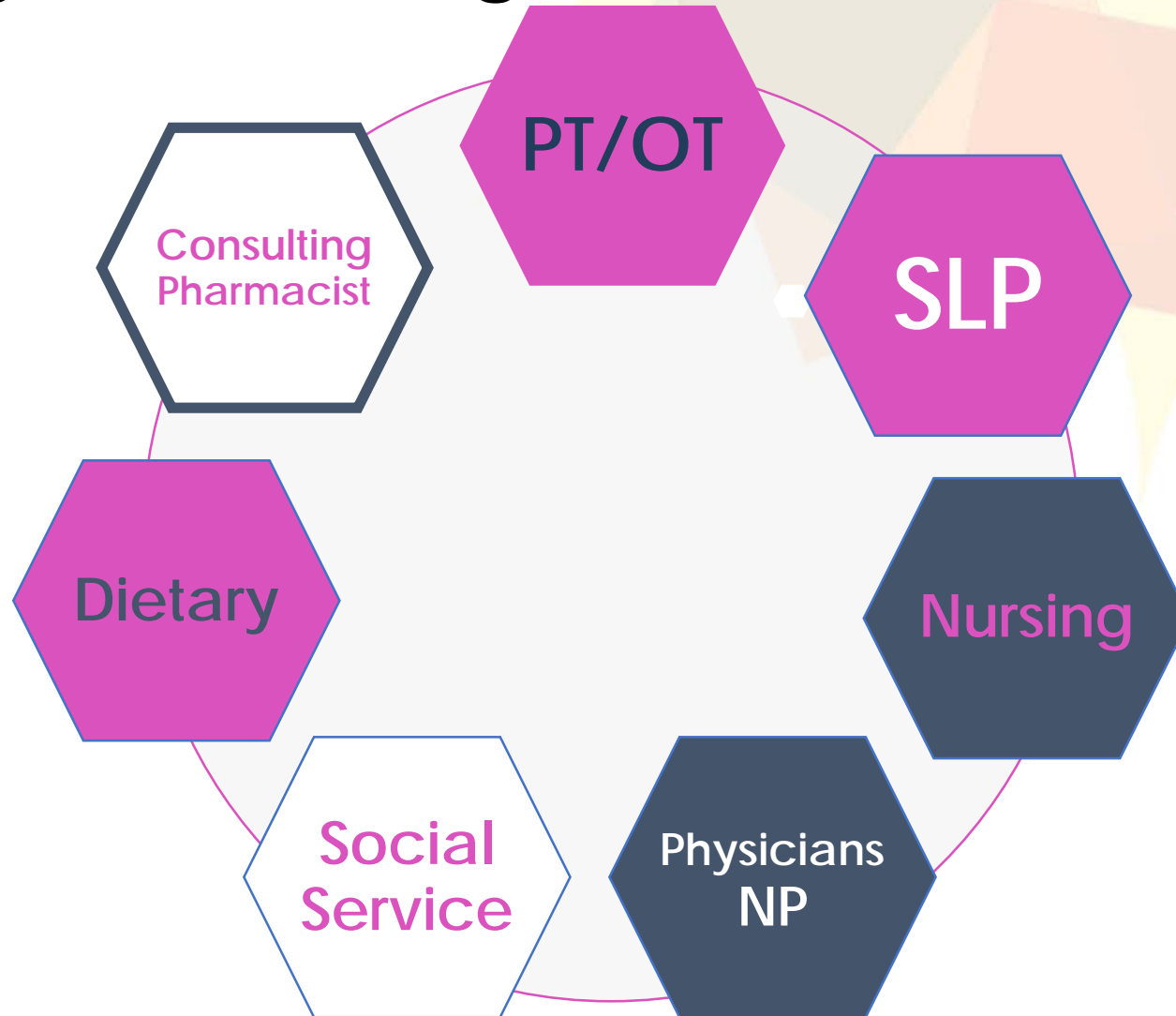
Develop a Work Plan and Assemble a Team

- Re-evaluate Roles



Evaluate Effectiveness and Make Adjustments

## Holistic Diagnosis Coding





## Nursing Component

### Extensive Service

- Tracheostomy, ventilator, isolation

### Special Care Low

- Diagnosis: CP, MS, PD, Respiratory Failure
- Radiation, Wounds, Tube feeds, Dialysis

### Special Care High

- Diagnosis: septicemia, quadriplegia, COPD, pneumonia
- Diabetic Management
- Respiratory Therapy
- Parenteral/ tube feeds

### Clinically Complex

- Diagnosis: Pneumonia, hemiplegia
- Wounds, chemotherapy, IV meds, transfusions, Oxygen

### Physical

- Restorative Nursing Program

## PT & OT Supporting Nursing Documentation & the MDS

### Nursing Skilled Services/Complementary Nursing Programs

- Wounds – special care low
- Hemiplegia (OT) – clinically complex
- Isolation Infection (OT and ST) – extensive services
- Respiratory Therapy – special care high
- Oxygen Therapy – clinically complex
- Parkinson's Management – special care low
- Multiple Sclerosis – special care low

## SLP Supporting Nursing Documentation & the MDS

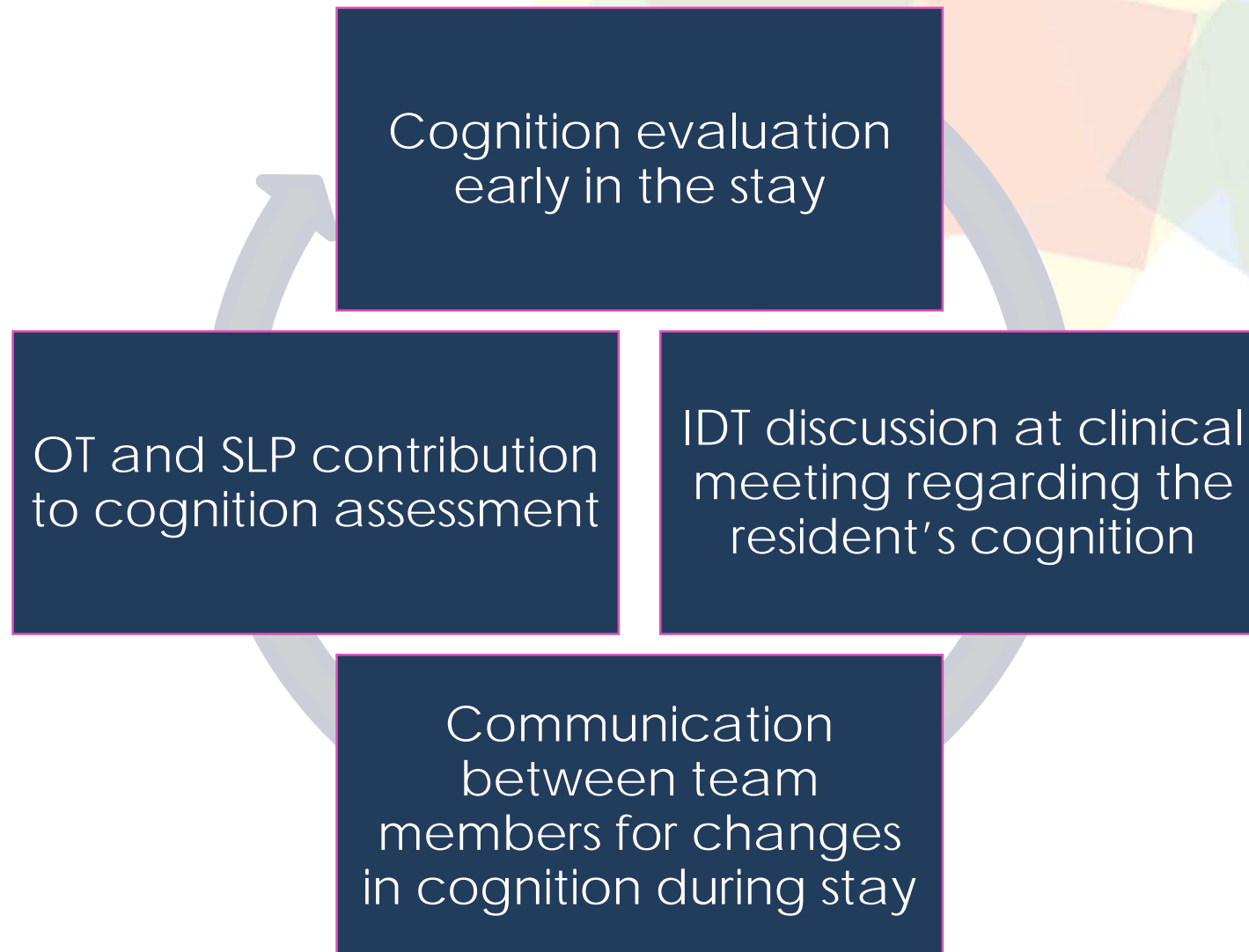
### Section K/SLP Supportive Documentation

- Signs/symptoms of a swallowing disorder
  - Loss of liquid/solids from mouth when eating and drinking
  - Holding food in mouth/cheeks or residual food in month after meals
  - Coughing or choking during meals or when swallowing medications
  - Complaints of difficulty or pain with swallowing
  - Mechanically altered diet (clinical rationale)

### Complementary Nursing Skilled Services

- Respiratory Therapy
- Isolation Infection
- Trach &/or Vent
- ANY of the SLP related comorbid conditions
- Wounds
- BMI and nutrition
- Standardized cognitive assessment

## Collaboration on Cognitive Status



## Nursing Supportive Documentation

Department	MDS Section / Condition or Service	MDS Response
OT/PT/SLP	J1100; Shortness of Breath (dyspnea)	<p>Check all that apply:</p> <ul style="list-style-type: none"> <li>A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring)</li> <li>B. Shortness of breath or trouble breathing when sitting at rest</li> <li>C. Shortness of breath or trouble breathing when lying flat</li> </ul>
	<p>J1550. Problem Conditions</p> <ul style="list-style-type: none"> <li>A. Fever</li> <li>B. Vomiting</li> </ul>	Check if applicable
PT/OT	<p>M1200</p> <p>Skin and Ulcer/Injury Treatments.</p>	<ul style="list-style-type: none"> <li>A. Pressure reducing device for chair.</li> <li>B. Pressure reducing device for bed.</li> <li>C. Turning/repositioning program.</li> <li>D. Nutrition or hydration intervention to manage skin problems</li> <li>E. Pressure ulcer/injury care.</li> <li>F. Surgical wound care</li> </ul>

## Provider View of Medicare Notes

### Minimize Audit Risk

- Assess current Medicare Notes
  - Does nursing support with currently 90% falling into Rehab RUG?
- Interdisciplinary teams documentation needs to be cohesive
- Review RAI Manual Steps and Examples
  - BIMs: Cue cards
- Guiding questions
  - Focus on skilled interventions
    - i.e. Radiation: Signs and symptoms of side effects



## Focus on Quality Measures

Impact future audits under PDPM

Which ones will CMS Focus on?

- Have not been reported but possibly....
  - Rate of successful return to home and community from a short-stay
    - Or the new "additional" measure on Nursing Home Compare:  
Rate of successful return to home and community from a SNF
- Percentage of short-stay residents who improved in their ability to move around on their own
- What about the newer Quality Reporting Program (QRP) measures reported beginning October 1, 2018?

## Important QRP Measures

### **SNF QRP Measure #9: Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634)**

This measure was finalized in the [FY 2018 SNF PPS Final Rule](#) which was published in the Federal Register on August 4, 2017 (82 FR 36580). Data collection for this measure began 10/1/2018.

### **SNF QRP Measure #10: Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)**

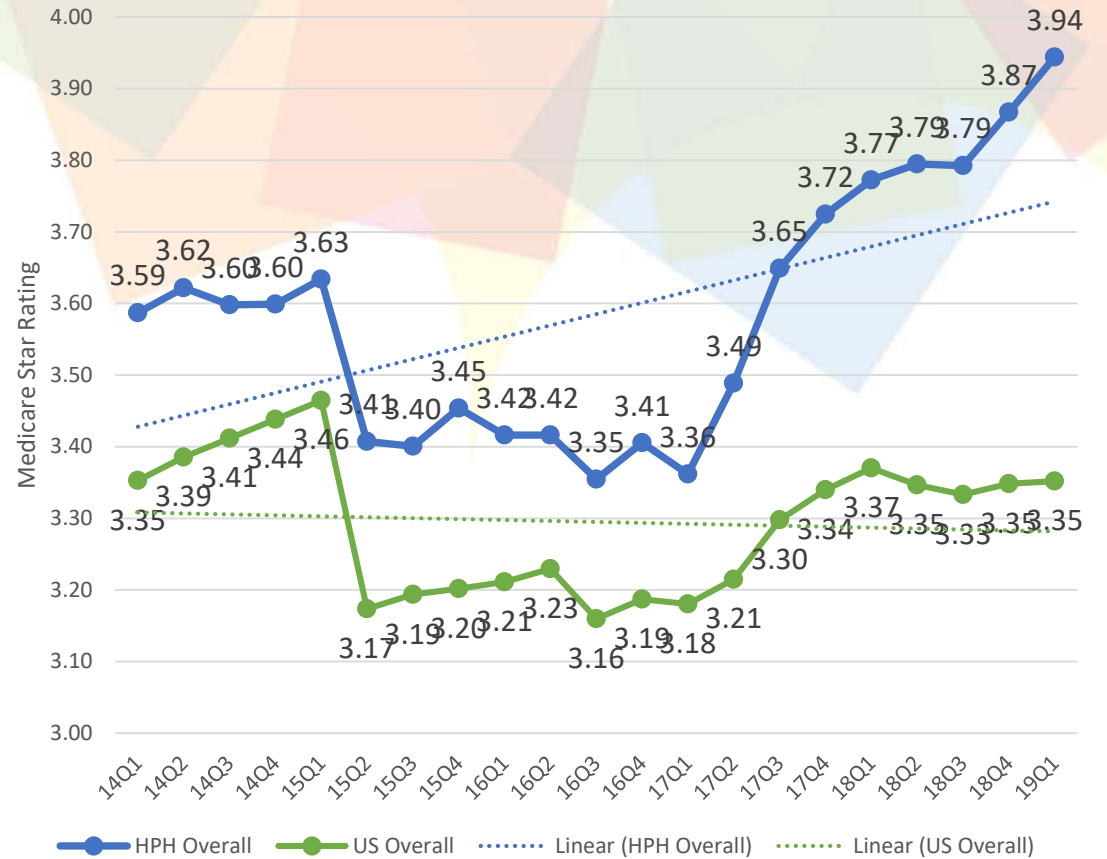
This measure was finalized in the [FY 2018 SNF PPS Final Rule](#) which was published in the Federal Register on August 4, 2017 (82 FR 36583). Data collection for this measure began 10/1/2018.

## Therapy Impact on QMs

Therapy impacts 9/13 ST measures, 12/17 LT measures

Focused programs produce defined results

Requires IDT collaboration documentation and coding accuracy

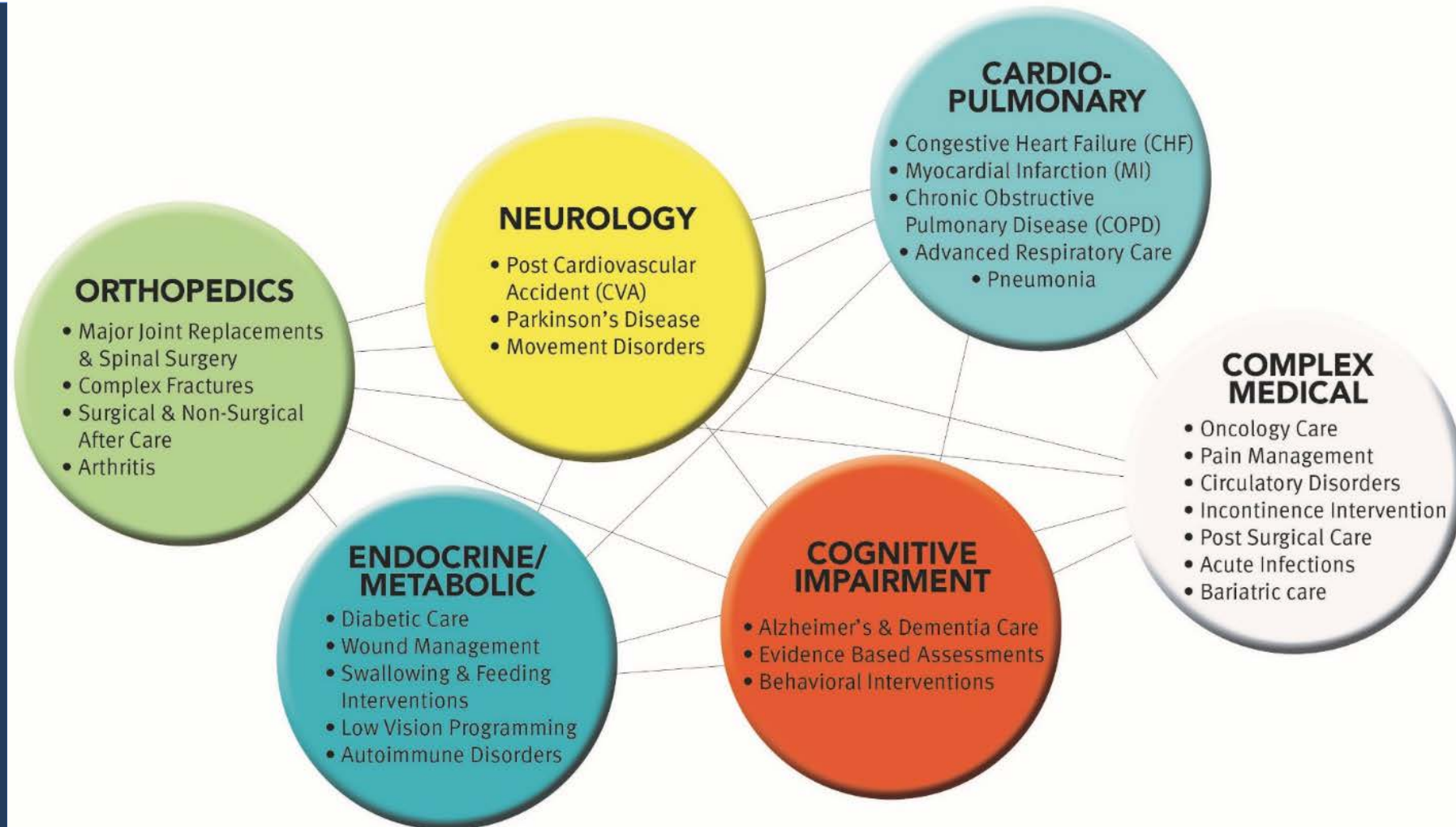


## Critical Care Pathways

**Clinical Pathways**  
Evidenced/risk based care interventions

**Utilization Pathways**  
Time, visits, LOS recommendations based on clinical complexity & patient profile

**Care Pathways**  
Clinical + Utilization Pathways





**PDPM**

WEEKS TO  
PREPARE

**16**

# PDPM Process Workflow, Collaboration & Impact

PREPARE. EXECUTE. SUCCEED.

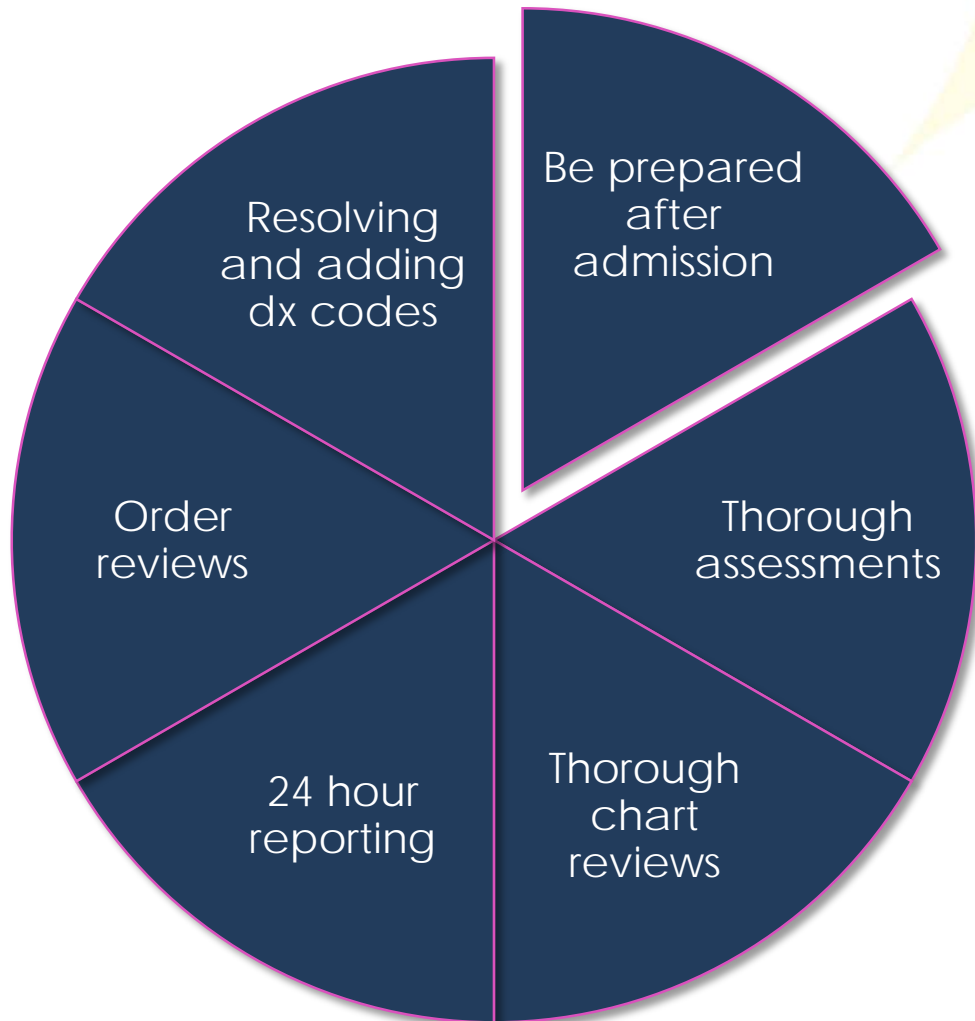
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HERITAGE

# What if

## Let's Collaborate!



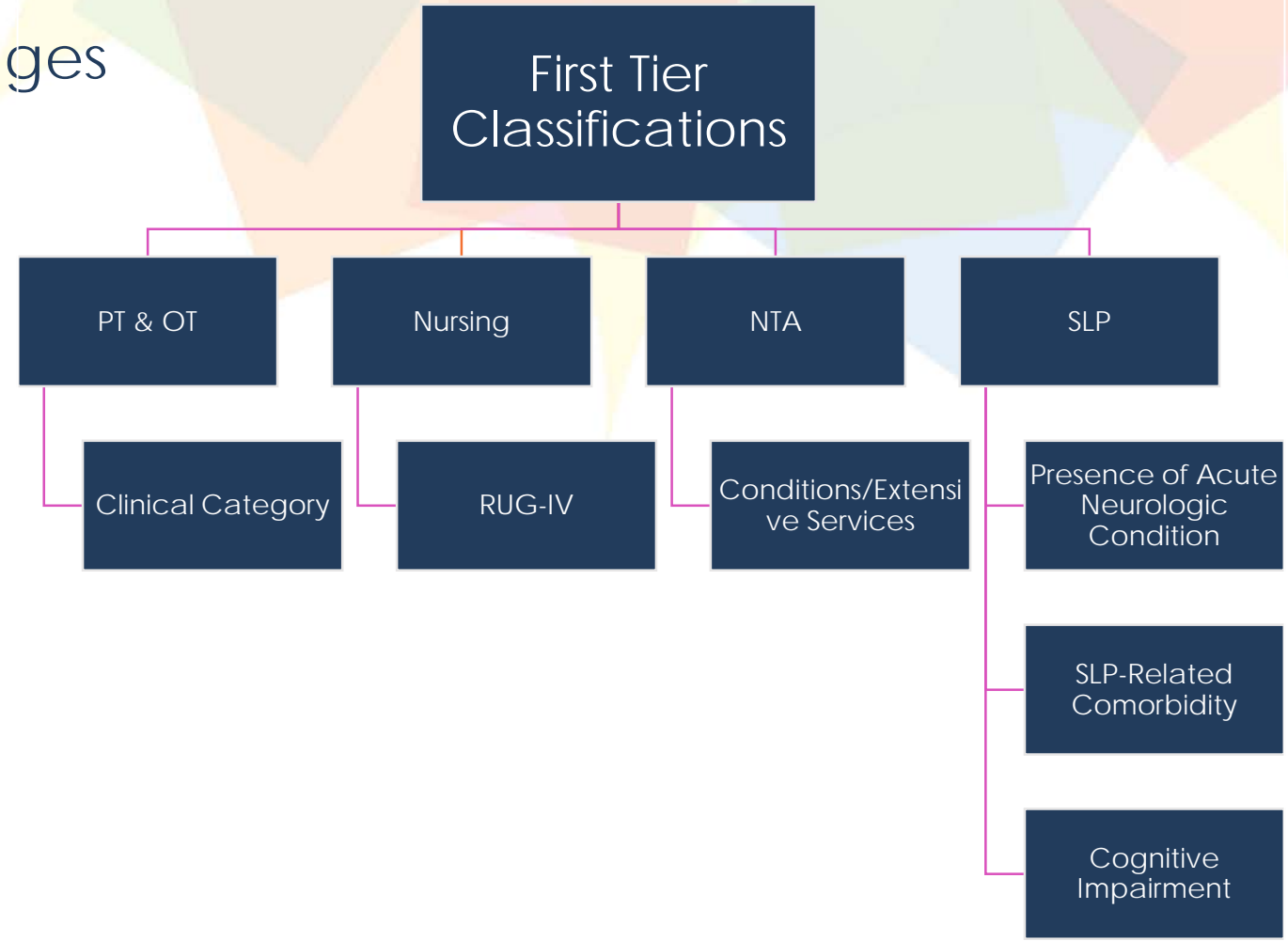
### DAILY MEETING REVIEW CHECKLIST

Name:		Room#	Physician:
Admit Date:		Hosp. Dates:	Admit Hosp:
Disc	✓	Data	Comments
PT, OT, SLP		Primary reason Dx (I)	
		Co-morbidities (I)	
		CARE Tool/GG (GG)	
		Skin / Treatments (M)	
		BIMS/Cognition (C)	
		SOB Lying Flat (J)	
		Diet consistency (K)	
		Swallow Disorder (K)	
		Days / Minutes (O)	
		Isolation (O)	
		Suctioning (O)	
<b>MDS</b>		Hospital H & P	
		Hospital DC Summary	
		Primary Clinical Dx (I)	
		Supporting Dx (I)	
		Active Medication (N)	
		DRR (N)	
		Surgical DX (J)	
		Section G / GG	
		Active Treatments (M)	
		Special Treatments (O)	
		Isolation (O)	
		Bowel/Bladder Toilet Prog.(H)	
<b>Nursing</b>		Orders	
		WBS	
		Dx Documentation	
		Assessment Data	
		Ostomy (H)	
		Recent Surgery (J)	
		SOB Lying Flat (J)	
		Skin / Treatments (M)	
		Surgical, legions, Burns, Other (M)	
		Insulin Injections (N)	
		IV Meds (O)	
<b>Social Services</b>		Makes Self Understood (B)	
		BIMS (C)	
		PHQ-9 / Depression S/S (D)	
		Behavior (E)	
		Psychotropics (N)	
		Hypnotics (N)	
		DC Plan (G)	
<b>Dietary</b>		Diet Consistency (K)	
		IV Fluids/TPN, I & O	
		Feed Tube/ % (K)	
		Height/ Weight (K)	
		Weight Loss (K)	
		Malnutrition or Morbid obesity (I)	

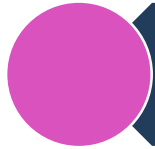


## Interim Payment Assessment Workflow

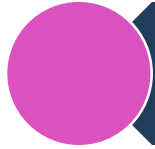
- How will we collaborate RE: changes in condition? How well do we do this today?
- Daily "Clinical Meeting" prep
- Therapist & Nursing education RE: change in condition
- Create the P&P



## Section GG Strategies

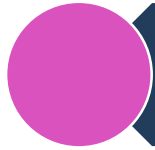


MDS, DON, Rehab, Nurse Managers review processes, expand approach for communication/  
collaboration for reporting



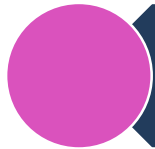
Assign & review at daily meeting

- Areas for Rehab to report
- Nursing observations & documentation for Admit & discharges

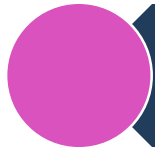


Elicit info RE: baseline from caretakers

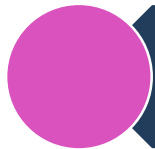
- CNA/LNA – Activities - Social Services



Prepare these departments to report on areas for observation



Most usual performance BEFORE the resident has benefited from treatment



Decide how data will be used to leverage partnerships with referring networks



# What if

## Discharge Readiness

The conversation is changing

Weekly meeting to discuss NLOC

Quality Measure and outcomes  
focused meeting

\*Example DC Readiness to the SNF

Resident \_\_\_\_\_

Anticipated Discharge Date \_\_\_\_\_

Activities of Daily Living	
Completed	
	Resident can use call bell
	Demonstration of safe toileting
	Demonstration of safe grooming & hygiene
	Demonstration of safe dressing
	Demonstration of safe feeding
	Establish bowel &/or bladder program

Mobility	
Completed	
	Demonstration of safe mobility
	Transition in/out of room safely
	Demonstration of safe mobility in facility including elevator
	Demonstration of safety on stairs & curb
	Demonstration of safe transfers __Bed __Chair/Wheelchair __Car

Swallowing/Diet	
Completed	
	Presence of a swallowing impairment <i>If yes, communicate with nursing</i>
	Need for modified diet <i>If yes, communicate with nursing &amp; dietary</i>

Cognition/Communication	
Completed	
	Cognitive testing completed __OT __ST <i>If yes, communicate with nursing &amp; SW</i>
	Change in cognitive status noted
	Change in communication techniques needed <i>If yes, train staff and family members</i>

### Changes in Status Communicated to IDT

- \_\_\_ Change in medical condition
- \_\_\_ Change in function (CARE Tool/GG)
- \_\_\_ New swallowing disorder
- \_\_\_ New modified diet
- \_\_\_ Cognitive status
- \_\_\_ Identified SLP related co-morbidities

Other Care Elements	
Completed	
	Pain is well controlled
	Resident is at risk for skin breakdown, repositioning program implemented
	Resident has been trained using teach-back for new techniques or equipment

Discharge Readiness	
Completed	Room Safety Assessment completed Date
	Provided recommendations for room adaptations
	Room modified to meet resident's needs
	Caregiver and family training completed using teach-back
	Referral to wellness/activity programming
	Establishment of restorative program
	Discharge family meeting

DME and/or Other Referrals	
	_____
	_____
	_____

Completed by: \_\_\_\_\_

Discharge date: \_\_\_\_\_

## Pre-Transmission Review

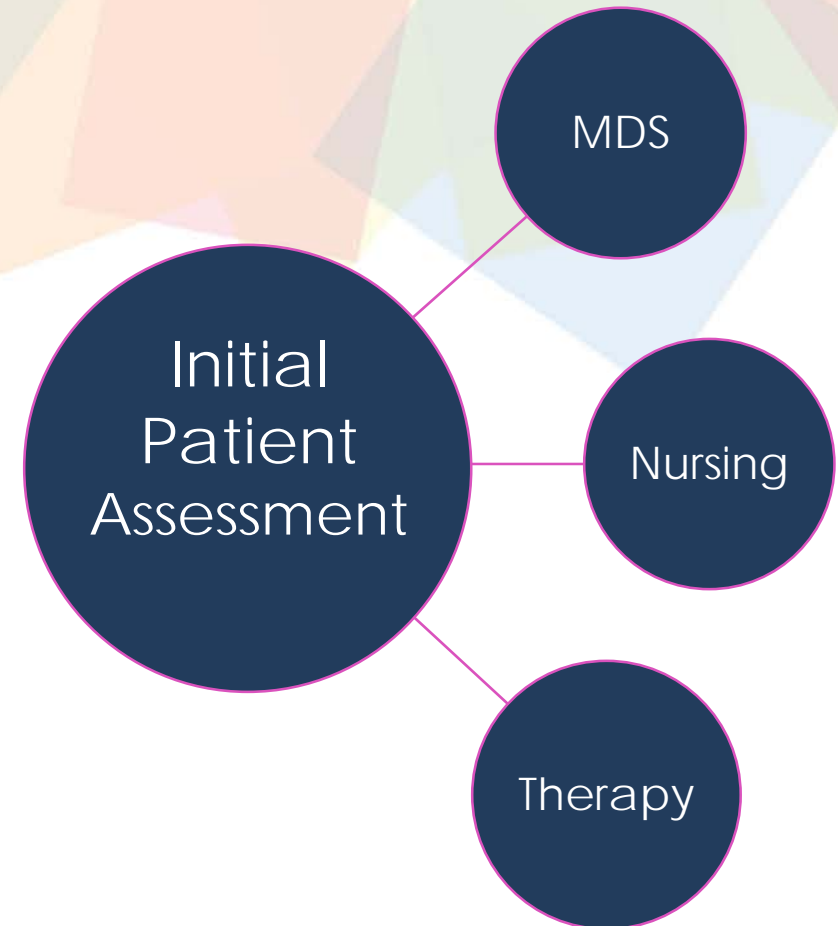
Capture the entire clinical picture

Ensure all information is accurate

Get more than one set of eyes

Reduce errors

One assessment & it is crucial!



## Look For One Tool

Clinical Capture

Pre-Transmission

Triple Check



## Collaborative Activities Programming

- Rehab support or management of Activities department
- Meaningful, functional activity programming
- Multiple levels of collaboration to consider
- Meaningful activities will
  - Carry over rehab programs
  - Improve or maintain function
  - Promote wellness in ST and LT pop
  - Prevent boredom/perceived behavior

	Management Model	Hybrid Model	Full Service Model
Comprehensive audit of current activities program. Provide recommendations to redesign activities program.	✓	✓	✓
Activity assessments completed at admission and quarterly according to MDS schedule using the HealthPRO-Heritage Resident Assessment Tool	✓	✓	✓
Activities Director (AD) is a HealthPRO-Heritage employee		✓	✓
AD is a facility employee	✓		
AD supervises all components of activity program. Trains, schedules and hires activity aides.	✓	✓	✓
AD works within the context of facility staffing budget	✓	✓	
Activity Aides are facility employees	✓	✓	
Activity Aides are HealthPRO-Heritage employees			✓
HealthPRO-Heritage support for compliance with activities regulations	✓	✓	✓
AD develops the activity calendar based on the individual needs of the residents, resources and budget	✓	✓	✓
Fitness classes for short- term rehab and long- term residents	✓	✓	✓
Movement meaningfully added to sedentary activities short- term rehab and long- term residents	✓	✓	✓
Home management activities for STR	✓	✓	✓
Tiered activities for residents with dementia using PAL Instrument for Occupational Profiling	✓	✓	✓
Access to comprehensive activity programming binder	✓	✓	✓
Communication and collaboration with therapy to ensure safe and effective program	✓	✓	✓
Use of Therapy-Activity Communication Tool when resident is on therapy caseload	✓	✓	✓
On-site and remote HealthPRO-Heritage support	✓	✓	✓
Monthly metric tracker	✓	✓	✓

## Restorative Nursing Programs

### Benefits

Quality of Care

Adjunct to therapy to help improve outcomes

Possible increase in CMI for Reduced Physical Functional and Behavioral and Cognitive during IPAs

### Process

Set up RNP in adjunct to therapy by day 2 for day 8 ARD?

Set up RNP for continuation of therapy goals after therapy hours:

- Walk to dine
- Exercise
- ROM

**PDPM**

**WEEKS TO  
PREPARE**

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# Case Studies & Fiscal Impact

PREPARE. EXECUTE. SUCCEED.

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## Base Patient Profile

Base Patient		
Component	PDPM Group	Avg. Per Diem
PT/OT	TG	\$225
SLP	SE	\$62
Nursing	LBC1	\$176
NTA	NC	\$222
NCM	NCM	\$110
<b>Duchess of Putnam, NY</b>		<b>1.22</b>
<b>Length of Stay</b>		<b>20</b>
<b>Avg. Per Diem</b>		<b>\$795</b>

## Changes in SLP Coding

### Base Patient

Component	PDPM Group	Avg. Per Diem
PT/OT	TG	\$225
SLP	SE	\$62
Nursing	LBC1	\$176
NTA	NC	\$222
NCM	NCM	\$110
Duchess of Putnam, NY		1.22
Length of Stay		20
Avg. Per Diem		\$795

		Avg. Per Diem		
		Mechanically Altered Diet or Swallowing		
		Neither	Either	Both
Acute Neuro, Comorbid or Cog. Imp.	None	\$751	\$781	\$803
	Any One	\$771	\$795	\$812
	Any Two	\$787	\$808	\$826
	All Three	\$812	\$830	\$844

		Change from Base Patient		
		Mechanically Altered Diet or Swallowing		
		Neither	Either	Both
Acute Neuro, Comorbid or Cog. Imp.	None	(\$44)	(\$14)	\$9
	Any One	(\$23)	-	\$17
	Any Two	(\$8)	\$14	\$31
	All Three	\$17	\$36	\$49



## Changes in Nursing Coding

### Base Patient

Component	PDPM Group	Avg. Per Diem
PT/OT	TG	\$225
SLP	SE	\$62
Nursing	LBC1	\$176
NTA	NC	\$222
NCM	NCM	\$110
Duchess of Putnam, NY		1.22
Length of Stay		20
Avg. Per Diem		\$795

Nursing Category	CMG	Section GG Nursing Therapy		AVG Per Diem	Change from Base
Clinically Complex	CDE1	0-5	0-5	\$785	(\$9)
Clinically Complex	CBC1	6-14	10-23	\$784	(\$11)
Special Care Low	LDE1	0-5	0-5	\$799	\$4
Special Care Low	LBC1	6-14	10-23	\$795	-
Extensive Services	ES2	0-14	0-5	\$964	\$169
Extensive Services	ES2	0-14	10-23	\$996	\$202

Component		LOS	1-3	4-20	Total	PD
PT/OT	TG	20				
PT/OT	TG	7	\$676	\$3,831	\$4,507	\$225
SLP	SE	21	\$185	\$1,047	\$1,232	\$62
Nursing	LBC1	LBC1	\$527	\$2,989	\$3,516	\$176
NTA	NC	NC	\$1,536	\$2,901	\$4,437	\$222
NCM	NCM	NCM	\$330	\$1,871	\$2,201	\$110
PT/OT	TE	5	\$578	\$3,275	\$3,853	\$193

## Changes in NTA Coding

Base Patient		
Component	PDPM Group	Avg. Per Diem
PT/OT	TG	\$225
SLP	SE	\$62
Nursing	LBC1	\$176
NTA	NC	\$222
NCM	NCM	\$110
Duchess of Putnam, NY		1.22
Length of Stay		20
Avg. Per Diem		\$795

Comorbid. Score & CMG		AVG Per Diem	Change from Base
0	NF	\$660	(\$135)
1-2	NE	\$689	(\$106)
3-5	ND	\$733	(\$61)
6-8	NC	\$795	–
9-11	NB	\$878	\$83
12+	NA	\$963	\$169

Component	LOS	1-3	4-20	Total	
LOS	20				
PT/OT	TG	7	\$676	\$3,831	\$4,507
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NTA	NC	NC	\$1,536	\$2,901	\$4,437
NCM	NCM	NCM	\$330	\$1,871	\$2,201

## PDPM Fiscal Factors

What **CHANGES** must be made to assure... ?



**Sufficient training for CRITICAL success drivers?**

Data capture, collection

ICD-10 coding (5 of 6 components of the rate are at risk!)

**Optimal timing for EMR updates?**

Clinical & financial packages

**Primary DX/ICD-10 codes transcribed from the MDS to the claim?**

**Design of Financial Dashboards?**

To assure: at/above per diem by September

**Admissions process changes?**

Costs associated with pharmacy services high revenue, new patient types

Need for robust Preadmission Financial Analysis

## PDPM Fiscal Factors

What **DECISIONS** must be made to mitigate RISK?



### Therapy Analytics: Risk of Over/Undershooting Targets

#### CONTRACTED SERVICES

Timing of initial discussion (Now!)

Re-contract (~June)

Assess plan, progress, risk share opportunities

#### IN-HOUSE SERVICES

Staffing analysis  
Realistic, facility-specific targets

Group/concurrent  
Staffing  
Utilization

Risk assessment

Quality/performance outcomes, Star Ratings

Over/under staffing  
Audit target

Patient satisfaction

Benefit of contracting therapy services

## PDPM Fiscal Factors

**PREPARE NOW!**



Decide who in your organization will tackle changes/decisions

**Meet with EMR vendor**

Updates for billing and coding in advance  
Delivery dates

**Meet with pharmacy vendor**

Formulary revisions  
Admissions Process changes

**Assure Triple Check process in place NOW**

for Med A, Med B, HMO

**Utilize a PDPM Dashboard**

to monitor progress of implementation plan toward the goal



## Strategies to Leverage Success TODAY and in the FUTURE

### Early Education/ Identify Opportunities

PDPM overview education  
CMS Provider Impact File review & discussions  
Process review – deep dive  
Roadmap/work plan for success

### IT Systems/ Data Capability

EMR vendor meetings  
Compliance & data collection

### Rehabilitation

Evidence based practice  
Group & concurrent  
Effective & efficient functional treatment  
Contracting

### Nursing/Social Work/NP/MD

Skilled services/documentation  
Communication & collaboration  
Safe & effective discharge planning

# Stay Informed & Keep Connected !



[healthpro-heritage.com/blog](https://healthpro-heritage.com/blog)  
[healthpro-heritage.com/PDPM](https://healthpro-heritage.com/PDPM)



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**PDPM**  
WEEKS TO  
PREPARE  
**16**

# Thank You LeadingAge New Jersey !