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Texas Health  
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# **Nursing Facility Utilization Review Quarterly Stakeholder Meeting**

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**Office of Inspector General  
Investigations and Reviews Division  
Medical Services**

**March 13, 2023**

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# Nursing Facility MDS 3.0 Reviews

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- FY 2023 Work Plan is to review approximately 400 nursing facilities.
- Review samples contain manage care and fee-for-service claims.
- The sample period is 09/1/2020 through 8/31/2021.
- FY23: September 1, 2022, through February 27, 2023, 226 onsite reviews have been completed.



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## LTCMI and RN signature to match

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- Z0500A RN Signature on the MDS and the RN signature on the LTCMI do not have to match.
- However, both RNs **MUST** have completed RUG certification on Texas state.



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# Section O - Restorative

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- Incorrect or missing minutes of how long the skill practice was performed (for at least 15 minutes per day).
- Missing restorative nursing program flowsheets.
- Restorative program in place but individualized care plan for it missing.

Criteria for restorative nursing programs **MUST** be met:

- I. Measurable objective and interventions
- II. Periodic evaluation
- III. Supervision by registered nurse or a licensed practical (vocational) nurse and **NOT** by therapist.
- IV. Restorative program in place but individualized care plan for it missing.

Ref: CMS's RAI Version 3.0 Manual; October 2019 pgs. O-42, O-43



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# Restorative: Denials

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Missing individualized care plan. What is individualized care plan?

- What prompted NF to place the resident into restorative services/program.
  - Example-fall, decreased mobility etc.
- What is a Restorative Nursing Programs.
  - Restorative nursing program refers to nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible (Range of Motion (Passive or active), Transfer, Walking, etc).



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## Reconsideration Request

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- Indicate the email address and direct phone number for result of reconsideration review.
- Additional medical records **MUST** be accompanied by a fact and records affidavit for each of the MDS form requested for se.
- Reconsideration request **MUST** state the specific items for review for each MDS requested, or it will be denied.



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# Thank You

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Nicodemus Thiongo, RN

Nursing Facility Program Team Lead

[OIG\\_UR@hhsc.state.tx.us](mailto:OIG_UR@hhsc.state.tx.us)

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