



**Inspector General**  
Texas Health and Human Services

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

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**Office of Inspector General  
Investigations and Reviews Division  
Surveillance Utilization Review**

**June 13, 2022**

[ReportTexasFraud.com](http://ReportTexasFraud.com)



# Purpose and Disclaimer

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## **Purpose:**

To promote dialogue regarding Nursing Facility Reviews between and among the attendees. The group will meet periodically to discuss nursing facilities and obtain stakeholder input.

## **Disclaimer:**

The discussions at these stakeholder meetings are for informational purposes only and are not binding on the Health and Human Services Commission Office of Inspector General, Medical and Social Services Division Medicaid and CHIP Services, or its representatives.



# Management Notice

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## **Surveillance Utilization Review Deputy Inspector General**

Maureen T Power RN MPH LNCC

Judy Knobloch has retired

## **NFUR Program Manager**

Linda Carlson has retired

## **NFUR Team Lead Surveillance Utilization Review**

Nicodemus Thiongo



# In-Person Stakeholder Meetings

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Many have provided feedback of our virtual format and have expressed a comfort level in not having to attend “in person” meetings to gain information.

At this time, it remains unclear as to future delivery options. Please continue to share feedback with us as the business community continues to evaluate best practices on any large gathering.



# NFUR Proposed Rule Changes

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Proposed rule changes are recently posted and are open to public comment from 06/06/2022 through 6/16/2022:

[Comment on Proposed & Draft Rules | Texas Health and Human Services](#)

The previous rule change, 1 TAC §371.214(n)(1) became effective January 1, 2019.



# Nursing Facility MDS 3.0 Reviews

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## **FY2022 Work Plan**

- Review approximately 320-500 nursing facilities
- Review samples contain managed care and fee-for-service claims
- The sample period is 3/1/2020 through 2/28/2021
- From 09/01/2021 through 05/25/2022, 309 on-site reviews have been completed



# Signature on MDS and LTCMI

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Registered Nurse (RN) signing the Minimum Data Set (MDS) is required to have completed Resource Utilization Groups (RUG) certification through Texas State University.

**Note:**

OIG is not denying payment for MDS with mismatched RN signature on the LTCMI form.



# Awaiting Documentation: Incomplete Review

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If no records are provided at the onsite review after 2-6 hours of requesting the record and/or if records were not provided and the NF can prove that the records are stored offsite, the nurse reviewer may enter in the MDS-UR worksheet in “Awaiting Documentation” status.

The NF is to deliver or send via overnight mail, the additional documentation by the end of the following business day to the nurse reviewer’s office.

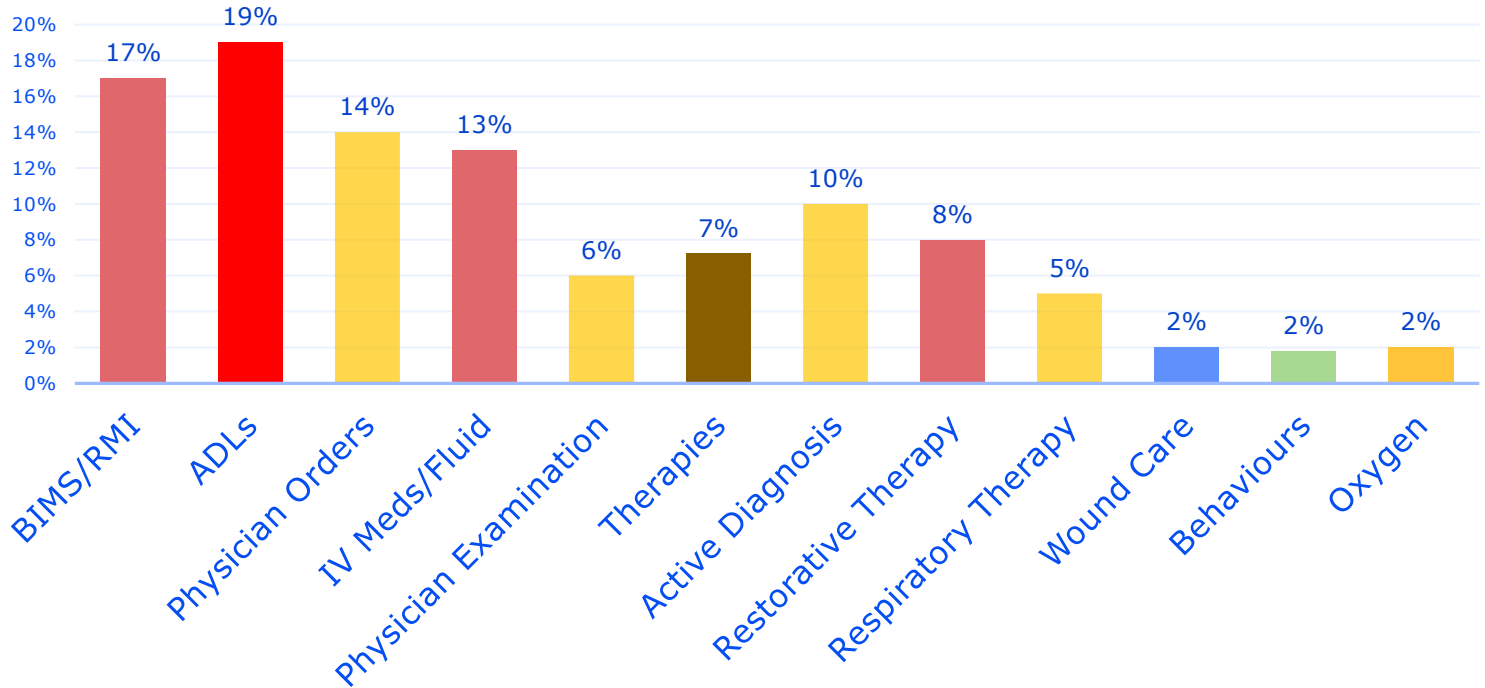
## **Note:**

- If no additional information is provided, the RUG will be calculated based on documentation provided during the onsite review.
- All documentation must be sent to the correct region.
- Medical records can also be sent through SharePoint.

[https://txhhs.sharepoint.com/sites/ig/edt/SitePages/To\\_OIG\\_Nav.aspx](https://txhhs.sharepoint.com/sites/ig/edt/SitePages/To_OIG_Nav.aspx)



# Common Errors and Trends (FY 2022)





# **Common Errors and Trends (FY 2021) Sections C, D, and E**

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## **Brief Interview for Mental Status (BIMS)**

- BIMS conducted after the ARD
- BIMS conducted outside the 7-day look-back period

## **Resident Mood Interview (RMI)**

- RMI conducted after the ARD
- RMI conducted outside the 14-day look-back period

## **Behavior**

- Missing documented behaviors in resident's medical record for the 7-day look-back period.



# Section G

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- Missing or blank ADL (late-loss ADLs (bed mobility, transfer, eating, and toilet use)) flowsheets
- Missing late-loss ADLs resident records to review (CHOWs)
- Inability to access previous owner software
- ADL and Treatment flowsheets (hard copy records) missing dates, staff initials and signatures
- No master signature log
- Incorrect ADL coding on MDS 3.0 forms (inaccurate ADL calculations) causing increase/decrease of RUG scores



# Section I

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Missing supporting documentation for active diagnosis (two step process):

1. Missing physician-documented diagnoses in the last 60 days
2. Missing documentation to support the diagnosis had direct relationship to the resident's current functional, cognitive, mood or behavior status, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period



# Section M

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- Missing supporting documentation for the presence of skin conditions
- Incorrect coding of the types of wounds present in the medical records e.g.:
  - Pressure ulcer/injury vs Surgical wounds
  - Incorrect ulcer staging “If the pressure ulcer has ever been classified at a higher numerical stage than what is observed now, it should continue to be classified at the higher numerical stage”

Ref: CMS’s RAI Version 3.0 Manual; **October 2019 Page M-7**



# Section O

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## IV medications:

- Medication and treatment administration flowsheets without the date, time, initials, and signatures to identify staff initials (some missing both) of the staff that provided the service (Hospital records).
- Lack of supporting documentation for IV medication (e.g., treated infection or part of a procedure).

## Oxygen

- No documentation of oxygen administration during the 14-day look-back period.



# Section O - Continued

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## **Therapy:**

- Missing therapy orders or therapy orders not signed and dated by the physician.
- Missing certification of therapy or certification of therapy not signed and dated by the physician.
- Missing therapy grids and daily treatment documentation.
- Incorrect therapy minutes (counting evaluation minutes).
- Therapy Grids documented in Units not actual therapy minutes
- Delayed certification of therapy without supporting documentation that the physician was aware therapy was being provided during the certification period.



# ADL Task Performed by Therapist

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ADL task performed by therapist and the same therapist had a therapy session with the same resident same day.

- a) Therapist progress notes should include specific documentation indicating the time spent performing the ADL task. This time is excluded from the time spent performing therapy session.
- b) Therapist progress notes would also need to indicate what performance-based scale was utilized by therapist while coding that ADL task.

ADL task performed by therapist and the same therapist did not have a therapy session with the same resident same day.

- a) Therapist can document the ADL task in the ADL flowsheet or
- b) Therapist may document the ADL task in the medical record and indicate what performance-based scale is utilized.





# Section O - Continued

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## **Respiratory:**

- Respiratory treatment flowsheet missing minutes
- Missing respiratory training for the nurses.

## **Physician telephone orders**

- Missing orders (reviewers added/subtracted orders).
- Incomplete orders (missing physician's signatures and some orders not dated).

## **Physician Examinations**

- Examinations outside the 14-day look-back period.
- Incorrect number/missing physician examinations.

# Section O - Continued

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## Restorative:

- Incorrect or missing minutes of how long the skill practice was performed (for at least 15 minutes per day).
- Missing restorative nursing program flowsheets.
- Criteria for restorative nursing programs **not met**
  - Measurable objective and interventions
  - Periodic evaluation
  - Supervision by registered nurse or a licensed practical (vocational) nurse and not by therapist.

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



# Others

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- Missing hospice documentation (3071, 3074 and face-to-face documentation kept by hospice company).
- Missing documentation (CHOWS).
- NF unable to access records.



# Questions

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HHSC Utilization Review email address:

[OIG\\_UR@hhs.texas.gov](mailto:OIG_UR@hhs.texas.gov)



# Contact Information

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# Thank You

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