Inspector General
Texas Health and Human Services

Nursing Facility Utilization Review Stakeholder Meeting

Office of Inspector General

Medical Services – MPI

December 9, 2019

OIG Fraud Hotline: 800-436-6184

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Nursing Facility MDS 3.0 Reviews

FY 2020 Work Plan is to review approximately 500 nursing facilities. Review samples contain managed care and fee-for-service claims.

Sample periods may vary from 3/1/2018 through 2/28/2019 or from 3/1/2019 through 9/30/2019.

As of 12/04/2019, 33 onsite reviews have been completed.

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NFUR Proposed Rule Changes

There are no proposed rule changes at this time.

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Information Letter 19-23

On August 9, 2019, HHSC sent to Nursing Facility Providers the "Information Letter 19-23, Rehabilitative Services Best Practices Documentation Requirements."

Nursing Facility providers are responsible for delivering services appropriately as CMS expects appropriate care.

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Information Letter 19-23

Failure to maintain documentation requirements may result in further review and referral.

If you have questions regarding the content of this letter, please send them to:

Managed_Care_Initiatives@hhsc.state.tx.us.

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Information Letter 19-23

The letter referenced the Texas Administrative Code guideline Title 40, Part I, Chapter 19 Subchapter N Rehabilitative Services.

Review RULE §19.1301 of this Subchapter.

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Information Letter 19-23

RULE §19.1301:
(a) If rehabilitative services are required in a resident's comprehensive care plan, the facility must:
(1) provide the required services; or
(2) obtain the required services from an outside resource, in accordance with §19.1906 of this chapter (relating to Use of Outside Resources).
(b) A facility must ensure that rehabilitative services:
(1) are provided to a resident under a comprehensive care plan based on a physician's diagnosis and orders; and
(2) are documented in the resident's clinical record.

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Restorative Nursing Program Criteria

This topic was addressed at the September 9, 2019 NFUR Stakeholder meeting.

Please call or email OIG-UR for any case specific issues that may occur on-site.

OIG_UR@hhsc.state.tx.us

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Review of the RAI and Care Planning-Measurable Objectives

In accordance with 42 CFR 483.21(b) the facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment

….These conclusions then provide the basis for developing an individualized care plan for each resident.

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The RAI and Care Planning- Measurable Objectives

Continued from RAI Manual, Chapter 4:
4.8:

1) Care Plan goals should be measurable. The Inter-Disciplinary Team (IDT) may agree on intermediate goal(s) that will lead to outcome objectives. Intermediate goal(s) and objectives must be pertinent to the resident's goals, preferences, condition, and situation (i.e., not just automatically applied without regard for their individual relevance), measurable, and have a time frame for completion or evaluation.

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The RAI and Care Planning- Measurable Objectives

Continued from RAI Manual, Chapter 4:

4.8:

2) Care plan goal statements should include the subject (first or third person), the verb, the modifiers, the time frame, and the goal(s).

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The RAI and Care Planning- Measurable Objectives

Continued from RAI Manual, Chapter 4:

Subject	Verb	Modifiers	Time-frame	Goal
Mr. Jones (or I)	will walk	fifty feet daily with the help of one nursing assistant	the next 30 days	in order to maintain continence and eat in the dining area

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ALJ Hearings

- HHSC Legal Services, Enforcement Department, states there are not many RUG appeals and all have been docketed at the State Office of Administrative Hearings (SOAH). After docketing, all other scheduling is determined by SOAH.

- If there are specific case questions, contact HHSC Legal Services, Enforcement Department, telephone number 512-438-3119.

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Oxygen Administration

SECTION O: SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS

- Reevaluation of special treatments and procedures the resident received or performed, or programs that the resident was involved in during the 14-day look-back period is important to ensure the continued appropriateness of the treatments, procedures, or programs.
- Residents who perform any of the treatments, programs, and/or procedures below should be educated by the facility on the proper performance of these tasks, safety and use of any equipment needed, and be monitored for appropriate use and continued ability to perform these tasks.

References:

CMS's RAI Version 3.0 Manual; October 2016-2019, Page O-2.

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Code continuous or intermittent oxygen administered via mask, cannula, etc., delivered to a resident to relieve hypoxia in this item. Code oxygen used in Bi-level Positive Airway Pressure/Continuous Positive Airway Pressure (BiPAP/CPAP) here. Do not code hyperbaric oxygen for wound therapy in this item. This item may be coded if the resident places or removes his/her own oxygen mask, cannula.

References:

CMS's RAI Version 3.0 Manual; October 2016-2019, Page-O-3.

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Examples of appropriate documentation that can help support coding item O0100C (Oxygen therapy).

1. Medical records support oxygen was utilized by the resident at least once during the 14-day look-back period and there is supporting documentation for oxygen use. Example;
    a. Resident has been on continuous oxygen for a specific diagnosis (Heart problems, Apnea, COPD, Lung disease, SOB, anemia, effects of narcotic analgesics etc.).
    b. Resident has PRN orders for oxygen and only received oxygen once during the 14-day look-back period and there is supporting documentation for oxygen use.

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2. Active diagnosis during the look back period (PNA, Influenza, Asthma attack etc.) may have contributed to oxygen administration over the last 14 days.
3. The treatment flowsheet support resident utilized oxygen at least once during the 14-day look-back period and there is supporting documentation.
4. Oxygen was utilized by the resident at least once during the 14-day look-back period during therapy session and there is supporting documentation (SpO2 level, SOB, Anxiety etc.).

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Coding for oxygen used in Bi-level Positive Airway Pressure/Continuous Positive Airway Pressure (BiPAP/CPAP)

References:

CMS's RAI Version 3.0 Manual; October 2016-2019, Page-O-3.

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All BiPAP/CPAP do not utilize oxygen. NF should only code item; O0100G, BiPAP/CPAP.

BiPAP/CPAP with oxygen bleed. Medical records must specify BiPAP/CPAP was connected to oxygen at least once during the 14-day look-back period to code both items.

O0100G, BiPAP/CPAP
O0100C, Oxygen therapy

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