



**OFFICE OF INSPECTOR GENERAL**  
TEXAS HEALTH & HUMAN SERVICES COMMISSION

**NURSING FACILITY UTILIZATION REVIEW QUARTERLY STAKEHOLDERS MEETINGS**

**HOSTED BY**

Health and Human Services Commission Office of Inspector General  
Texas Department of Aging and Disability Services

**ATTENDEES**

Health and Human Services Commission Office of Inspector General  
Texas Department of Aging and Disabilities Services  
Texas Health Care Association  
Leading Age  
Texas Medicaid Coalition  
And Other Nursing Facility Providers

**PURPOSE**

To promote an exchange and dialogue regarding Nursing Facility Reviews between and among the attendees. The group will meet periodically to discuss nursing facilities and to obtain stakeholder input. 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 and the Texas Department of Aging and Disability Services or its representatives.

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**Date**

March 9, 2015  
1:30 p.m. – 4:30 p.m.

**Location**

Department of Aging and Disability Services  
701 West 51<sup>st</sup> Street  
Winters Building, Public Hearing Room 125E  
Austin, TX 78751

**Agenda**

- I. Welcome / Introduction
- II. RN Signature on MDS / RN coordinator name on LTCMI update
- III. IV Fluids Not Allowed Without Diagnosis of Dehydration

A. Will the OIG consider not looking at lab results, UTI, Hypovolemia, N&V, Diarrhea, and other related diagnosis that relate to fluid volume depletion?

IV. Reconsiderations for ADLs

A. OIG reviewers have denied Reconsideration Requests based on no master signature logs sent to support initials. This was not in question at times during reviews, but appears to be a reason to deny on reconsideration. Is this a requirement?

V. Does Legal need to be involved in helping with appeals questions?

A. Example: Letter went out to facility to set up a hearing with a DADS attorney. Numerous calls and messages were placed to attorney. Response to letter and calls never answered before filing deadline. After the filing deadline, a letter was received by the facility noting dismissal.

What recourse do Stakeholders have or who could Stakeholders contact when unable to connect with persons on the notification?

**BREAK**

VI. ADL Coding / Aphasia

A. CMS ADL workgroup update

B. Would like to have CMS look closely at how OIG/DADS would be able to determine if Aphasia affects the resident's care. It appears that if a resident is aphasic, this would likely forever be a diagnosis that will impact the care of the resident.

C. Reviewers are requiring software contain item 7 (activity occurred only once or twice). Provide an explanation of rationale since it would not be logical for this to be an item on flow sheets.

VII. Restorative

A. Continue to have denials based on measurable goals.

VIII. Electronic Medical Record

A. Continue to have reviewers request that documentation be printed.

B. What training has been done with the reviewers on this process?

IX. Medical Necessity Update

X. Making Owners Aware of Stakeholders Meetings

XI. Nursing Home Compare Changes Effective February 1, 2015

XII. Wrap-Up / Conclusion

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**Date**  
June 8, 2015  
1:30 p.m. – 4:30 p.m.

**Location**  
Department of Aging and Disability Services  
701 West 51<sup>st</sup> Street  
Winters Building, Public Hearing Room 125E  
Austin, TX 78751

**Agenda**

- I. Welcome / Introduction
- II. Effects of Blanks in the ADL Flow Sheet
- Items Resubmitted by Robert Douglas
- III. RN Signature Listed as MDS / RN Coordinator on LTCMI Update
  - A. Why are RUG certifications on registered nurses required when LTCMI submission verifies current certification?
- IV. Intravenous Fluids Not Allowed Without Diagnosis of Dehydration
  - A. Can lab results indicating UTI, hypovolemia, N&V, diarrhea and other related diagnosis represent fluid volume depletion?
- V. Reconsiderations for ADLs Denied Based on Lack of Signature Logs to Support Initials
  - A. Not in question during reviews but appear as a reason to deny on reconsideration
  - B. Is this a requirement?
- VI. Nursing Facility Recourse When Unable to Reach Persons Listed on Appeal Notification
- VII. ADL Coding
  - A. CMS ADL workgroup update
  - B. Requirement that software contain item 7 (activity occurred only once or twice)  
Provide explanation of rationale
- VIII. Diagnosis Coding
  - A. Aphasia Dx:
    - 1. How does Aphasia affect the resident's care
    - 2. Permanent effect on resident's care
  - B. Quadriplegia:
    - 1. How Quadriplegia affects the resident's care
    - 2. Permanent effect on resident's care
  - C. Reviewers not accepting diagnosis / problem lists when signed by physician

- IX. Restorative
  - A. Continue to have denials based on measurable goals
- X. Medical Necessity Update

**BREAK**

Inspector General Bowen's Address to Group

Resume Discussion of New Items Submitted

- XI. Coding Pressure Reducing Mattress on the MDS
  - A. Why are mattress receipts being requested?
- XII. Respiratory Therapy Training
  - A. Can OIG / DADS provide an itemized list of required documentation that supports training of qualified personnel?
- XIII. Administrative Law Judge Hearing Process
  - A. After skilled nursing facility requests a hearing
  - B. When DADS rejects a settlement offer
- XIV. DADS Representation During Appeal and Hearing Process
- XV. Recoupment Process

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**Date**

September 14, 2015  
1:30 p.m. – 4:30 p.m.

**Location**

Office of Inspector General  
11501 Burnet Road, Building 902  
Austin, TX 78758

Please arrive early. Non-HHSC Enterprise employees will be required to sign-in at the front desk with Security, obtain a visitor's badge, and be escorted to the conference area. Please provide government-issued identification.

## **Agenda**

- I. Introduction / Welcome
- II. Restorative
  - A. Issue: Many providers believe that restorative programs are being inappropriately adjusted during onsite review
- III. Dx Coding – Two Step Process
  - A. Identifying Physician Documented Diagnoses
  - B. Update on the Training Provided
  - C. Active Diagnosis – Providers would like to continue the discussion regarding what constitutes an active diagnosis particularly in two areas
    1. Aphasia
    2. Hemiplegia
- IV. Physician Order Count: Can the IG clarify what guidance is given to the UR Nurses when auditing this MDS item?
- V. Reconsideration Results Letter
  - A. Contact Information
  - B. Date Starting the 15 Day Clock to File a Formal Appeal
    1. Date on the Reconsideration Results Letter or
    2. Date Received by Provider

## **BREAK**

- VI. Dashing vs. Down Coding Inconsistencies
- VII. Rational for Quadriplegia and Aphasia
- VIII. Update on Extrapolation Waiver Letters
- IX. IG Update
- X. Closing/Next Meeting Date

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### **Date**

December 14, 2015  
1:30 p.m. – 4:30 p.m.

### **Location**

Office of Inspector General  
11501 Burnet Road, Building 902  
Austin, TX 78758

Please arrive early, as all non-HHSC Enterprise employees will be required to sign-in at the front desk with Security, obtain a visitor's badge, and be escorted to the conference area. Please bring government-issued identification.

## **Agenda**

- I. Introduction / Welcome
  - II. Restorative
    - A. Issue:  
Providers question if restorative programs are being adjusted during onsite review
    - B. Impact on Providers:  
Recoupment for restorative services
    - C. Recommendations
      - 1. Providers:
        - a. Track number of restorative adjustments made during OIG review
        - b. Review and revise restorative programs as needed
      - 2. OIG:
        - a. Use measurable goals on restorative adjustments vs. adjusting restorative based on guidance
        - b. Provide education during onsite review
  - III. Dx Coding – Two Step Process
    - A. Identifying Physician Documented Diagnoses – Education Requested
    - B. Active Diagnosis - Clarification of Documentation Requirements
  - IV. Respiratory Therapy Training
- BREAK**
- V. UR Selection Criteria for Selection of Providers
  - VI. Proposed UR TAC Changes
  - VII. RAT-STATs Software Update
  - VIII. OIG QA Committee Update
  - IX. OIG/MCO Audits Update on Pilot Project
  - X. Counting of Minutes for Unattended Therapy Codes
  - XI. RUG Processing
  - XII. CMS Update - Coding Present on Admission – Section M
  - XIII. Reconsideration Recommendations
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**Contact:**

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