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Medicare Part A Reform: Resident Classification System (RCS-I)

Renee Kinder MS CCC-SLP, RAC-CT

Moderated by:
Amy Hansen, MA, CCC-SLP, Managing Editor, SpeechPathology.com



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Medicare Part A Reform: Resident Classification System (RCS-I)

Renee Kinder MS CCC-SLP, RAC-CT
SpeechPathology.com
December 21st 2017 12 pm EST

LEARNER OBJECTIVES

After this course, participants will be able to explain why CMS sees a need to change the current PPS structure and the goals for developing an alternative payment model.

After this course, participants will be able to define the structure of the RCS-I model in comparison to current RUGs-IV model.

After this course, participants will be able to list the specific criteria which make up each of the five (5) buckets in RCS-I including: Physical and Occupational Therapy; Speech-language Pathology; Non-Therapy Ancillary; Nursing; and Non-Case Mix

After this course, participants will be able to describe the MDS areas in which the entire interdisciplinary team (IDT) should become fluent: 1) understanding of scoring methodology and 2) case-mix impacts.

BACKGROUND

ADVANCED NOTICE OF PROPOSED RULE MAKING

The RCS-I Model we will discussed today has been published as a summary of Advance Notice of Proposed Rulemaking (ANPRM) and is separate from a Proposed Rule.

The purpose of this Advanced Notice is to solicit public comments on potential options CMS may consider for revising certain aspects of the existing skilled nursing facility (SNF) prospective payment system (PPS) payment methodology to improve its accuracy, based on the results of CMS SNF Payment Models Research (SNF PMR) project.

In particular, CMS is seeking comments on the possibility of replacing the SNF PPS' existing case-mix classification model, the Resource Utilization Groups, Version 4 (RUG-IV), with a new model, the Resident Classification System, Version I (RCS-I).

Published 4.28.17: <https://www.regulations.gov/document?D=CMS-2017-0061-0002>

BACKGROUND: WHY?

In an effort to establish a comprehensive approach to Medicare Part A SNF payment reform, we are expanding the scope of the SNF Therapy Payment Research project. Although we always intended to ensure that any revisions to therapy payment would consider an integrated approach with the remaining payment methodology, we now plan to examine potential improvements and refinements to the overall SNF PPS payment system. This expansion will allow for improving the ability for Medicare to pay adequately and appropriately for all services provided during a Medicare Part A SNF stay. Source: CMS website

Recommendations from the OIG and MedPAC to move from **volume** to **value** based on patient characteristics

BACKGROUND: WHO?

CMS has contracted with Acumen, LLC to identify potential alternatives to the existing methodology used to pay for services under the SNF PPS.

BACKGROUND: HOW?

Currently, therapy payments under the SNF PPS are based primarily on the amount of therapy provided to a patient, regardless of the specific patient characteristics and care needs.

Current CMS initiatives have moved towards paying providers based on resident characteristics and assessing value rather than paying directly for input use.

Move from payment based on volume to payment based on patient characteristics

BACKGROUND: THE IMPACT OF DATA ANALYSES

- How was historical claim data used when developing the RCS-I?
- Claims data was analyzed for all sections in the proposed payment system including:
 - Which sections of the MDS align with increased or decreased use of PT, OT and SLP services?
 - How do therapy disciplines provide care during the course of the stay in regards to frequency and intensity?
 - How do therapy providers relate to each other in trends for providing care?
 - Which diagnoses do we treat as relates to acute care DRG?

WHY THE FOCUS ON ACUTE CARE DRG?

- SNF claims data are missing specific dx info on residents with more than 40% of residents being assigned generic V codes under ICD-9
- Principle diagnoses from the inpatient stay is predictive of therapy costs and more predictive of NTA costs than the SNF claim.

Potential challenge?

- How long does it take the SNF to receive the acute care DRG?

SKILLED NURSING FACILITY LEVEL OF CARE DEFINITION

Care in a SNF is covered if all of the following four factors are met:

- The patient requires skilled nursing services or skilled rehabilitation services, i.e., services that must be performed by or under the supervision of professional or technical personnel (see §§30.2 - 30.4); are ordered by a physician and the services are rendered for a condition for which the patient received inpatient hospital services or for a condition that arose while receiving care in a SNF for a condition for which he received inpatient hospital services;
- The patient requires these skilled services on a daily basis (see §30.6); and
- As a practical matter, considering economy and efficiency, the daily skilled services can be provided only on an inpatient basis in a SNF. (See §30.7.)
- The services delivered are reasonable and necessary for the treatment of a patient's illness or injury, i.e., are consistent with the nature and severity of the individual's illness or injury, the individual's particular medical needs, and accepted standards of medical practice. The services must also be reasonable in terms of duration and quantity.

RESIDENT ASSESSMENT INDEX (RAI) PROCESS

RESIDENT ASSESSMENT INDEX (RAI) OVERVIEW

STEP ONE:

The Minimum Data Set (MDS), a screening tool that provides information about the resident's functional status.

STEP TWO:

Care Area Assessments (CAAs), a set of 20 different assessments that are further, in-depth evaluation of specific functional areas. A CAA must be completed for each care area that is identified as a possible problem, or triggered, as a result of the MDS assessment. After completing the CAA, a clinical decision is made based on the results as to whether the possible problem is in fact a real problem. When a problem is identified, the next step is to determine the root causes and contributing factors, risk factors for the resident related to the problem, and the need for referrals to other disciplines.

STEP THREE:

Care Plan, the working action plan that is developed based on the findings that result from the CAAs. The development of an individualized, interdisciplinary care plan designed to address the resident's specific problems, strengths, preferences, risk factors, and complications is the primary purpose of the RAI process.

MDS SECTIONS

SECTION A. Identification Information

SECTION B. Hearing, Speech and Vision

SECTION C. Cognitive Patterns

SECTION D. Mood

SECTION E. Behavior

SECTION F. Preferences for Customary Routine and Activities

SECTION G. Functional Status

SECTION H. Bladder and Bowel

SECTION I. Active Diagnoses

SECTION J. Health Conditions

SECTION K. Swallowing/Nutritional Status

SECTION L. Oral/Dental Status

SECTION M. Skin Conditions

SECTION N. Medication

SECTION O. Special Treatment, Procedures, and Programs

SECTION P. Restraints

SECTION Q. Participation in Assessment and Goal Setting

SECTION V. Care Area Assessment (CAA) Summary

CARE AREA ASSESSMENTS (CAA)

CAAs are included in comprehension assessments including: Admission assessment; Annual assessment; Significant Change in Status Assessment; Significant Correction to Prior Comprehensive Assessment. Not required in the Quarterly assessments and the Significant Correction to Prior Quarterly Assessment.

- | | |
|------------------------------|----------------------------------|
| 1. Delirium | 11. Falls |
| 2. Cognitive Loss | 12. Nutritional Status |
| 3. Visual Function | 13. Feeding Tube(s) |
| 4. Communication Maintenance | 14. Dehydration/Fluid |
| 5. ADLs-Functional Status | 15. Dental Care |
| 6. UI & Indwelling Catheter | 16. Pressure Ulcer(s) |
| 7. Psychosocial Well-Being | 17. Psychotropic Medication Use |
| 8. Mood State | 18. Physical Restraints |
| 9. Behavioral Symptoms | 19. Pain |
| 10. Activities | 20. Return to Community Referral |

SECTION B: HEARING, SPEECH, AND VISION

Intent: Document the resident's ability to hear, understand, and communicate with others and whether the resident experiences visual, hearing or speech limitations and/or difficulties

| | | |
|--|---|---|
| B0200. Hearing | | Change may indicate need for Aural Rehab= ST |
| Enter Code <input type="checkbox"/> | Ability to hear (with hearing aid or hearing appliances if normally used) 0. Adequate - no difficulty in normal conversation, social interaction, listening to TV 1. Minimal difficulty - difficulty in some environments (e.g., when person speaks softly or setting is noisy) 2. Moderate difficulty - speaker has to increase volume and speak distinctly 3. Highly impaired - absence of useful hearing | |
| B0600. Speech Clarity | | Change may indicate need for Motor Speech Therapy = ST |
| Enter Code <input type="checkbox"/> | Select best description of speech pattern 0. Clear speech - distinct intelligible words 1. Unclear speech - slurred or mumbled words 2. No speech - absence of spoken words | |
| B0700. Makes Self Understood | | Change may indicate need for language therapy=ST |
| Enter Code <input type="checkbox"/> | Ability to express ideas and wants , consider both verbal and non-verbal expression 0. Understood 1. Usually understood - difficulty communicating some words or finishing thoughts but is able if prompted or given time 2. Sometimes understood - ability is limited to making concrete requests 3. Rarely/never understood | |
| B0800. Ability To Understand Others | | Change may indicate need for Visual Therapy= PT OR OT |
| Enter Code <input type="checkbox"/> | Understanding verbal content, however able (with hearing aid or device if used) 0. Understands - clear comprehension 1. Usually understands - misses some part/intent of message but comprehends most conversation 2. Sometimes understands - responds adequately to simple, direct communication only 3. Rarely/never understands | |
| B1000. Vision | | Change may indicate need for Visual Therapy= PT OR OT |
| Enter Code <input type="checkbox"/> | Ability to see in adequate light (with glasses or other visual appliances) 0. Adequate - sees fine detail, including regular print in newspapers/books 1. Impaired - sees large print, but not regular print in newspapers/books 2. Moderately impaired - limited vision; not able to see newspaper headlines but can identify objects 3. Highly impaired - object identification in question, but eyes appear to follow objects 4. Severely impaired - no vision or sees only light, colors or shapes; eyes do not appear to follow objects | |

SECTION C COGNITIVE PATTERNS

Intent: Determine the resident's attention, orientation, and ability to register and recall information

| Brief Interview for Mental Status (BIMS) | |
|--|--|
| C0200. Repetition of Three Words | |
| Enter Code | <p>Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words."</p> <p>Number of words repeated after first attempt</p> <p>0. None 1. One 2. Two 3. Three</p> <p>After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.</p> |
| Enter Code | <p>C0300. Temporal Orientation (orientation to year, month, and day)</p> <p>Ask resident: "Please tell me what year it is right now."</p> <p>A. Able to report correct year</p> <p>0. Missed by > 5 years or no answer 1. Missed by 2-5 years 2. Missed by 1 year 3. Correct</p> |
| Enter Code | <p>Ask resident: "What month are we in right now?"</p> <p>B. Able to report correct month</p> <p>0. Missed by > 1 month or no answer 1. Missed by 6 days to 1 month 2. Accurate within 5 days</p> |
| Enter Code | <p>Ask resident: "What day of the week is today?"</p> <p>C. Able to report correct day of the week</p> <p>0. Incorrect or no answer 1. Correct</p> |
| C0400. Recall | |
| Enter Code | <p>Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?"</p> <p>If unable to remember a word, give cue (something to wear, a color, a piece of furniture) for that word.</p> <p>A. Able to recall "sock"</p> <p>0. No - could not recall 1. Yes, after cueing ("something to wear") 2. Yes, no cue required</p> |
| Enter Code | <p>B. Able to recall "blue"</p> <p>0. No - could not recall 1. Yes, after cueing ("a color") 2. Yes, no cue required</p> |
| Enter Code | <p>C. Able to recall "bed"</p> <p>0. No - could not recall 1. Yes, after cueing ("a piece of furniture") 2. Yes, no cue required</p> |
| C0500. Summary Score | |
| Enter Score | <p>Add scores for questions C0200-C0400 and fill in total score (00-15)</p> <p>Enter 99 if the resident was unable to complete the interview</p> |

Change may indicate need for Cognitive Therapy= ST and/or OT

SECTION K : SWALLOWING/NUTRITIONAL STATUS

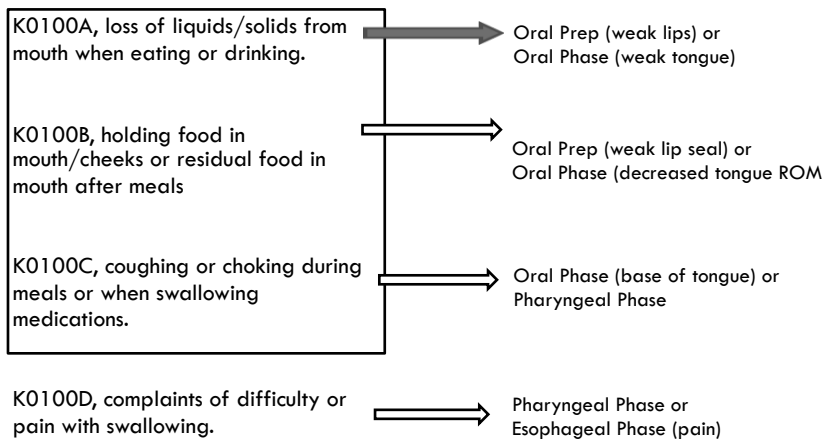
Intent: Assess conditions that could affect the resident's ability to maintain adequate nutrition and hydration

| | | |
|--|---|--|
| K0100. Swallowing Disorder | | |
| Signs and symptoms of possible swallowing disorder | | |
| ↓ Check all that apply ↓ | | |
| <input type="checkbox"/> | A. Loss of liquids/solids from mouth when eating or drinking | |
| <input type="checkbox"/> | B. Holding food in mouth/cheeks or residual food in mouth after meals | |
| <input type="checkbox"/> | C. Coughing or choking during meals or when swallowing medications | |
| <input type="checkbox"/> | D. Complaints of difficulty or pain with swallowing | |
| <input type="checkbox"/> | Z. None of the above | |

| | | |
|---------------------------|--|--|
| K0300. Weight Loss | | |
| Enter Code | Loss of 5% or more in the last month or loss of 10% or more in last 6 months | |
| <input type="checkbox"/> | 0. No or unknown | |
| | 1. Yes, on physician-prescribed weight-loss regimen | |
| | 2. Yes, not on physician-prescribed weight-loss regimen | |

| | | |
|---|----------------------------|--------------------------|
| K0510. Nutritional Approaches | | |
| Check all of the following nutritional approaches that were performed during the last 7 days | | |
| 1. While NOT a Resident Performed while NOT a resident of this facility and within the last 7 days. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank | 1. While NOT a Resident | 2. While a Resident |
| 2. While a Resident Performed while a resident of this facility and within the last 7 days | ↓ Check all that apply ↓ | |
| A. Parenteral/IV feeding | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Feeding tube - nasogastric or abdominal (PEG) | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids) | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol) | <input type="checkbox"/> | <input type="checkbox"/> |
| Z. None of the above | <input type="checkbox"/> | <input type="checkbox"/> |

MDS SECTION: K SWALLOW PHASE



RCS-I STRUCTURE

RESIDENT CLASSIFICATION SYSTEM, VERSION I (RCS-I)

Current

| Length Of Stay Impact |
|---|
| None |
| Modes of Treatment Allowed |
| Individual |
| Concurrent |
| Group capped at 25% |
| MDS Assessment to Determine RUG |
| RUG level based on: Scheduled assessments: 5, 14, 30, 60 and 90 day Rolling 7 day checkpoint to determine any increase or decrease in total therapy minutes |

Proposed

| Length Of Stay Impact |
|---|
| PT/OT incremental payment decrease after day 14 NTA adjustment factor for days 1 to 3 at 3.00 and then setting it at 1.00 |
| Modes of Treatment Allowed |
| Individual |
| Concurrent capped at 25% (this may be made discipline specific) |
| Group capped at 25% (this may be made discipline specific) |
| MDS Assessment to Determine RCS |
| 5-day SNF PPS scheduled assessment to classify into RCS level. No additional assessments/change to RCS level unless criteria for a significant change are met |

MDS KEY AREAS FOR ASSESSMENT ACCURACY

Section B

Section C

Section D

Section E

Section G

Section H

Section I

Section J

Section K

Section M

Section N

Section O

5- DAY ASSESSMENT

- RCS-I considers the possibility of reducing the administrative burden on providers by concurrently revising the assessments that would be required under the RCS-I model.
- Specifically, they are considering the possibility of using the 5-day SNF PPS scheduled assessment to classify a resident under the RCS-I model under consideration for payment purposes for the entirety of his or her Part A SNF stay, except as described below (SCSA, interrupted stay).

SIGNIFICANT CHANGE ASSESSMENT IMPORTANCE

- RCS- I also considers permitting providers to reclassify residents from the initial 5-day classification using the **Significant Change in Status Assessment (SCSA)**, which is a Comprehensive assessment (that is, an MDS assessment which includes both the completion of the MDS, as well as completion of the Care Area Assessment (CAA) process and care planning),
- This would only be used in cases where the criteria for a significant change are met in cases where an SCSA is completed, considering an approach in which this assessment could reclassify the resident for payment purposes, but the resident's variable per diem adjustment schedule would continue rather than being reset on the basis of completing the SCSA.

RCS-1 UNADJUSTED FEDERAL RATE PER DIEM

Urban

| Rate Component | Nursing | NTA | PT/OT | SLP | Non-Case-Mix |
|-----------------|----------|---------|----------|---------|--------------|
| Per Diem Amount | \$100.91 | \$76.12 | \$126.76 | \$24.14 | \$90.35 |

Rural

| Rate Component | Nursing | NTA | PT/OT | SLP | Non-Case-Mix |
|-----------------|---------|---------|----------|---------|--------------|
| Per Diem Amount | \$96.40 | \$72.72 | \$141.47 | \$31.06 | \$92.02 |

PT/OT COMPONENT DETERMINATION

Clinical Category (5)

- Major Joint Replacement or Spinal Surgery
- Other Orthopedic
- Acute Neurologic
- Non-Orthopedic Surgery
- Medical Management

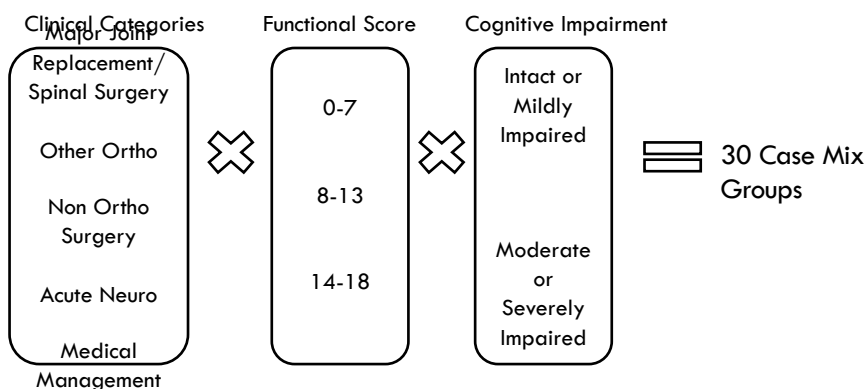
Functional Level (ADL)

- Based on eating, transfers and toileting
- Scale 0-6

Cognition

- Impacted by those with moderate or severe cognitive impairment on BIMS or CPS

PT + OT BUCKET CASE MIX GROUPS



PT AND OT: DRG CLINICAL CATEGORIES

| Clinical Category | Description |
|---|---|
| Major Joint Replacement or Spinal Surgery | Received major joint replacement surgery or spinal surgery during prior inpatient stay |
| Other Orthopedic | Received orthopedic surgery (not major joint) or an non-surgical treatment for orthopedic condition during the prior inpatient stay |
| Non-Orthopedic Surgery | Received non-orthopedic surgery during the prior inpatient stay |
| Acute Neurologic | Received non-surgical treatment for acute neurological (e.g. stroke) condition during prior inpatient stay |
| Medical Management | Received other non-surgical treatment during prior inpatient stay |

PT/OT FUNCTIONAL LEVEL SCORING SCALE

| ADL Self Performance Score | Transfer | Toileting | Eating |
|--------------------------------------|----------|-----------|--------|
| Independent | +3 | +3 | +6 |
| Supervision | +4 | +4 | +5 |
| Limited Assistance | +6 | +6 | +4 |
| Extensive Assistance | +5 | +5 | +3 |
| Total Dependence | +2 | +2 | +2 |
| Activity Occurred Only Once or Twice | +1 | +1 | +1 |
| Activity Did Not Occur | +0 | +0 | +0 |

7. **Activity occurred only once or twice** - activity did occur but only once or twice
 8. **Activity did not occur** - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

- A. **Bed mobility** - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture
 B. **Transfer** - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (**excludes** to/from bath/toilet)
 C. **Walk in room** - how resident walks between locations in his/her room
 D. **Walk in corridor** - how resident walks in corridor on unit
 E. **Locomotion on unit** - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair
 F. **Locomotion off unit** - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). **If facility has only one floor**, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair
 G. **Dressing** - how resident puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses
 H. **Eating** - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)
 I. **Toilet use** - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag

| 1. Self-Performance | 2. Support |
|--------------------------|--------------------------|
| Enter Codes in Boxes | |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> |

PT/OT EXAMPLE

| Clinical Category | Function Score | Moderate/Severe Cognitive Impairment | Case Mix Group | Case Mix Index |
|---|----------------|--------------------------------------|----------------|----------------|
| Major Joint Replacement or Spinal Surgery | 14-18 | No | TA | 1.82 |
| | 14-18 | Yes | TB | 1.59 |
| | 8-13 | No | TC | 1.73 |
| | 8-13 | Yes | TD | 1.45 |
| | 0-7 | No | TE | 1.68 |
| | 0-7 | Yes | TF | 1.36 |

SPEECH-LANGUAGE PATHOLOGY BUCKET

- Extensive regression analyses revealed that 3 sets of characteristics are highly predictive of SLP costs.
 - Clinical Categories
 - Swallowing Disorder
 - Cognitive Status and Co-Morbidities
- The following factors will impact ST reimbursement in 18 Case-Mix Groups
 - CLINICAL CATEGORIES= Derived from acute care DRG
 - SWALLOWING DISORDER= Derived from SECTION K: Swallowing and Nutritional Status of the MDS
 - COGNITIVE IMPAIRMENT and CO-MORBIDITIES= Derived from CPS score from Section C: Cognitive Patterns and SECTION I: Active Diagnoses.

ST COMPONENT DETERMINATION

Clinical Category (2)

- Acute Neurologic
- Non-Neurologic

Presence of Swallowing Disorder or Mechanically Altered Diet

SLP Related Co-morbidity or Mild to Severe Cognitive Impairment

- Comorbidities

Aphasia

CVA, TIA or Stroke

Hemiplegia or Hemiparesis

TBI

Tracheostomy (while resident)

Ventilator (while resident)

Laryngeal Cancer

Apraxia

Dysphagia

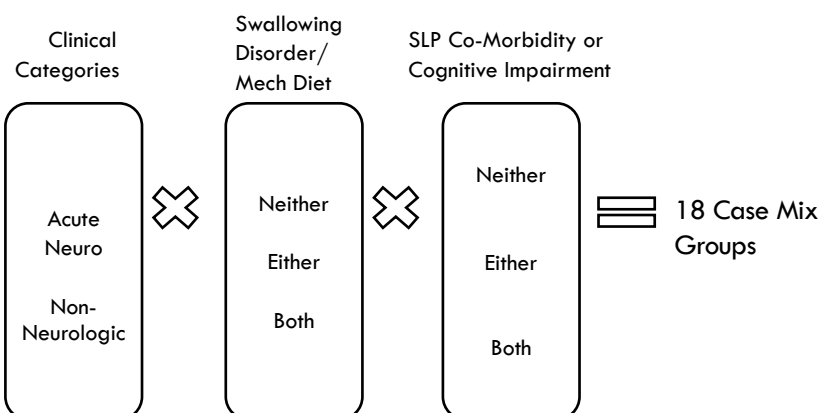
ALS

Oral Cancers

Speech and Language

Deficits

SLP BUCKET CASE MIX GROUPS



KEY MDS AREAS ST COMPONENT

I8000 Clinical Category

Section K: Swallowing and Nutritional Status

BIMS or CPS

▪BIMS

- C0200 Repetition of three words
- C0300 Temporal orientation
- C0400 Recall

▪CPS

- B0100 Coma and completely dependent or ADL did not occur
- C1000 Severely impaired cognitive skills (C1000 = 3)
- B0700, C0700, C1000 Two or more of the following: B0700 >0 Problem being understood; C0700 =1 STM problem; C1000>0 Cognitive skills problem AND one or more of the following: B0700 >=2 severe problem being understood; C1000 >=2 severe cognitive skills problem

SLP: CLINICAL CATEGORIES

95% of SLP claims upon analysis of data fell into the non neurologic category

| Clinical Category | Description |
|-------------------|--|
| Acute Neurologic | Received treatment for acute neurologic condition (e.g. stroke) in prior inpatient stay |
| Non Neurologic | Did not receive treatment for acute neurologic condition (e.g. stroke) in prior inpatient stay |

SLP BUCKET: SWALLOWING DISORDER

- **To Be determined** on presence or lack thereof for a swallowing disorder
- Analysis may come from Section K: Nutritional Status or from Section I: Active Diagnosis

| K0100. Swallowing Disorder | |
|--|---|
| Signs and symptoms of possible swallowing disorder | |
| Check all that apply | |
| <input type="checkbox"/> | A. Loss of liquids/solids from mouth when eating or drinking |
| <input type="checkbox"/> | B. Holding food in mouth/cheeks or residual food in mouth after meals |
| <input type="checkbox"/> | C. Coughing or choking during meals or when swallowing medications |
| <input type="checkbox"/> | D. Complaints of difficulty or pain with swallowing |
| <input type="checkbox"/> | Z. None of the above |

Any items checked aside from Z would indicate impairment

SLP BUCKET: SWALLOWING DISORDER

| K0510. Nutritional Approaches | | |
|--|--------------------------|--------------------------|
| Check all of the following nutritional approaches that were performed during the last 7 days | | |
| 1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the last 7 days . Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank | 1. While NOT a Resident | 2. While a Resident |
| 2. While a Resident Performed <i>while a resident</i> of this facility and within the last 7 days | Check all that apply | |
| A. Parenteral/IV feeding | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Feeding tube - nasogastric or abdominal (PEG) | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids) | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol) | <input type="checkbox"/> | <input type="checkbox"/> |
| Z. None of the above | <input type="checkbox"/> | <input type="checkbox"/> |

Mechanical diet may indicate dysphagia

SLP BUCKET CO-MORBIDITIES

| MDS Item | SLP Co Morbidity |
|----------|------------------------------|
| I4300 | Aphasia |
| I4500 | CVA, TIA, or Stroke |
| I4900 | Hemiplegia or Hemiparesis |
| I5500 | Traumatic Brain Injury |
| O0100E2 | Tracheostomy as Resident |
| O0100F2 | Ventilator as Resident |
| | Apraxia |
| | Dysphagia |
| | ALS |
| | Oral Cancers |
| | Speech and Language Deficits |
| | Laryngeal Cancer |

Final 6 would need to be added into I8000:
Additional Active Diagnosis

SLP: COGNITIVE IMPAIRMENT

The Cognitive Function Scale (CFS) has been identified as an indicator of Cognitive Impairment.

The CFS combines the Section C: BIMS and CPS scores to account for the 12% of residents who are non-interviewable.

| CFS Cognitive Level | BIMS Score | CPS Score |
|---------------------|------------|-----------|
| Cognitively Intact | 13-15 | |
| Mildly Impaired | 8-12 | 0-2 |
| Moderately Impaired | 0-7 | 3-4 |
| Severely Impaired | | 5-6 |

ST EXAMPLE- ACUTE NEUROLOGIC CASE MIX

| Clinical Category | Presence of Swallowing Disorder or Mechanically Altered Diet | SLP Related Comorbidity or Mild to Severe Cognitive Impairment | Case Mix Group | Case Mix Index |
|-------------------|--|--|----------------|----------------|
| Acute Neurologic | Both | Both | SA | 4.19 |
| | Both | Either | SB | 3.71 |
| | Both | Neither | SC | 3.37 |
| | Either | Both | SD | 3.67 |
| | Either | Either | SE | 3.12 |
| | Either | Neither | SF | 2.54 |
| | Neither | Both | SG | 2.97 |
| | Neither | Either | SH | 2.06 |
| | Neither | Neither | SI | 1.28 |

QUESTIONS?