Chiles Healthcare Consulting, *LLC*

Mary Chiles, RN

1908 Maple Shade Lane, Richmond, Virginia 23227

Telephone 804-355-1943, FAX 804-355-1859, Pager 804-997-1060

E-mail: maryltc@mindspring.com

FYI -- Updates

Aim For Success

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Reporting of Abuse, Mistreatment, Neglect, Injuries of Unknown Origin & Misappropriation of Resident Property – CMS definitions and guidance effective 12/16/04 may be found at http://www.cms.hhs.gov/medicaid/survey-cert/sc0509.pdf. These guidelines are offered as information but remember to refer to the December 2002 guidelines for investigating and reporting from The Center. CMS believes ***"immediately"*** means as soon as possible, but ought **not exceed 24 hours after discovery of the incident**, in the absence of a shorter state timeframe requirement.

- *Mistreatment* - (A definition is not provided at this time.)
- *Neglect* - Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness (42 C.F.R. §488.301).
- *Abuse* - The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish (42 C.F.R. §488.301).
- *Injuries of unknown source* - An injury should be classified as an "injury of unknown source" when both of the following conditions are met:
  - o The source of the injury was not observed by any person **or** the source of the injury could not be explained by the resident; **and**,
  - o The injury is suspicious because of the extent of the injury **or** the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) **or** the number of injuries observed at one particular point in time **or** the incidence of injuries over time.
- *Misappropriation of resident property* - The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent (42 C.F.R. §488.301).

Consolidated Billing for SNFs

On 1/20/05, CMS revised their document on SNF and Consolidated Billing found on the CMS Medlearn Matters website at http://www.cms.hhs.gov/medlearn/matters/mmarticles/2004/SE0431.pdf. This article is short, but includes numerous links to other CMS cites regarding specifics of consolidated billing

DAVe Focus -- Medicare Part A Criteria & Administration of Daily Skilled Services

The DAVe team has been working on special projects with CMS. During the DAVe Stakeholders Conference call on 1/27/05, the results from one project was discussed in detail. The following information was obtained from Judy Wilhide who participated in the conference call. CMS investigated the "presumption of coverage" eligibility to see if facilities that had used "presumption of coverage" actually had daily skilled needs for the first 14 days of the stay. A study of 716 assessments with an Extensive Service RUGs [SE3/SE2/SE1] category [from May/June 2003] was reviewed to determine that the clinical record actually documented the administration of daily skilled services and that the resident was not simply categorized as meeting SNF criteria because of receiving an IV, or any of the other four items that place a resident in SE within the past 14 days. The study confirmed that 707 of the records clearly demonstrated that skilled services were provided by the nursing facility; only 9 of 716 stays were denied because the record failed to demonstrate that skilled services were provided by the SNF.

There continues to be strong interest in determining whether or not SNF services are being billed solely based on the RUGs score and that clinical records do not document the administration of skilled services. There is a strong possibility that additional studies will be done, so it will be in your best interest to ensure that your staff has a good understanding of the Medicare Part A eligibility criteria and that admission and continued stay decisions are not being made solely on the RUGs score -- best practice is to have an internal audit system to validate the documentation of daily of skilled services..