



AdvantageCare™ Rehabilitation, LLC

You deserve to get better.™

Post-Acute Partners

Better Service, Better Quality, Better Results.

Presented to:



CMI: Can't Minimize the ongoing Importance

Presented by Dave Lishinsky, PT, VP of Clinical Compliance

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Disclaimer

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Objectives

- Understand the 3 sections of a CMI report
- Understand the mathematics involved in managing the quarterly CMI score to meet the financial goals
- Identify clinical programming needs and the impact on CMI
- Explain the LTC Advocacy program's effect on CMI and Quality Measures
- Understand nursing and therapy collaboration with regards to meeting CMI goals of the facility

*****NOTE:*****

- ▶ The Resident's needs (from Nursing and Therapy) can never be neglected due to the CMI
- ▶ Resident Advocacy **always** takes precedence
- ▶ Your therapy department should make recommendations of assessment dates but the RNAC, or designee, will have the final determination regarding dates based on facility goals

Back to Basics!

- ▶ A Case Mix Index (CMI) is based on a picture of your residents in the building on
 - ▶ February 1st (ARD Nov 2 to and including 2/1)
 - ▶ May 1st (ARD can vary from approx. 1/30 to 5/1 due to February having less days)
 - ▶ August 1st (ARD 5/2 to 8/1)
 - ▶ November 1st (ARD 8/2 to 11/1)

Rules?

- ▶ The most current assessment to the picture date is pulled onto the CMI
 - ▶ Usually the OBRA assessment
 - ▶ Can be a PPS assessment if combined with an OBRA assessment **or** an OBRA assessment was completed with an ARD inside the picture date window
 - ▶ Picture date window is based on 92 days, or less, since the last OBRA assessment

Picture date

- ▶ Example - please check your calendar from CMS for exact time frames for each picture date
 - ▶ Lets look at the Aug 1st picture date
 - ▶ Begins with ARD (assessment reference date) from May 2nd to and including Aug 1st
 - ▶ It is reconciled between Aug 2nd to Sept 20th
 - ▶ During that time we can add any resident who was Medicaid on the picture date and / or receives a PA162 (a form that gives the facility an MA number assigned to that Resident prior to the Sept 20th deadline)
 - ▶ The CMI can be finalized on Sept 21th, signed by the Administrator and uploaded to NFRP

Getting ready for the reconciliation of CMI

- ▶ After the census is completed for that picture date – keeping with our example, when census is completed for Aug 1st
 - ▶ Pull the census for August 1st
 - ▶ This usually can be pulled on August 2nd
- ▶ The census for the picture date needs to include the residents name and payer source to start this process
 - ▶ The goal is to have your census, for that day, match your CMI
 - ▶ “Balancing your check book”, aligning your software with the state’s software

Date: Jan 20, 2015
 Time: 10:14:25 ET
 User: Kathy Kemmerer

Kathy's Care Center-SNF
 Daily Census
 2/7/2015

Unit: All Floor: All Date: 1/20/2015 Filter out inactive beds: N Exclude census items:

Room-Bed	Resident	Resident Status	Care Level	Alt. Care level	Primary Payer
Unit: A Bed Certification: Dually Certified					
101-A	KEMMERER, KATHY(4061198)	Active	RUB10	STD	Medicare A
101-B	KEMMERER, KATHY (4061203)	Active	UNK00	STD	Private insurance with RUG
102-A	KEMMERER, KATHY(406844)	Active	UNK00	STD	Medicare A
102-B	KEMMERER, KATHY (4061138)	Active	RUB30	STD	Private Pay
103-A	KEMMERER, KATHY (40630)	Active	STD		Medicaid pending
103-B	KEMMERER, KATHY (406950)	Active	STD		Medicaid PA
104-A	KEMMERER, KATHY (4061190)	Active	RUB20	STD	Medicare A
104-B	KEMMERER, KATHY (4061161)	Active	RUA30	STD	Medicare A
105-A	KEMMERER, KATHY (4061039)	Active	RUC30	STD	Medicare A
105-B	KEMMERER, KATHY (4061124)	Active	RUB20	STD	Medicare A
106-A	EMPTY				
107-A	KEMMERER, KATHY(406973)	Active	STD		Medicaid PA

Available Beds 12
 Empty Beds 1
 Total Residents 11
 Percent of Occupancy 87.0%

Three sections of a CMI

- ▶ There are 3 sections to a CMI report
 - ▶ Medicaid Residents
 - ▶ Non-Medicaid Residents
 - ▶ Residents with no assessment
- ▶ Residents included in an MA CMI have one thing in common
 - ▶ They all are Medicaid on the picture date and have an MA number on or prior to the finalization of the CMI time frame (example 8/1 picture date includes PA162s stamped up to and including 9/20 (always check CMS calendar for changes) and administrator must sign, scan to the computer and upload to NFRP)

The no assessment resident

- ▶ It means that you either did not complete an OBRA assessment during the window (example ARD from 5/2 to 8/1) or
- ▶ It was not submitted to CMS or
- ▶ It was submitted and rejected but not caught at the time or
- ▶ We had an admission prior to the picture date who was a managed care resident under part A (requiring a 5-day), the resident was discharged prior to the Admission Assessment (not requiring an OBRA assessment)
- ▶ To correct this problem you must submit an assessment for that Resident that has an ARD during the window
- ▶ After this is submitted, the CMI will reflect an accurate CMI in the correct section of the CMI

<u>RUG</u>	<u>Weig</u> <u>ht</u>	<u>RUG</u>	<u>Weig</u> <u>ht</u>	<u>RUG</u>	<u>Weight</u>
SE3	1.75	RMA	1.00	IB1	0.69
SE2	1.43	RUB	0.99	PD1	0.69
RMC	1.39	CB2	0.94	PC2	0.68
RUC	1.34	RHA	0.90	BB1	0.67
RHC	1.22	CB1	0.86	PC1	0.66
SE1	1.20	CA2	0.85	IA2	0.59
RVC	1.16	RVA	0.84	BA2	0.57
SSC	1.16	RLA	0.82	IA1	0.54
CC2	1.15	PE2	0.81	PB2	0.53
RLB	1.15	RUA	0.80	PB1	0.52
RMB	1.13	RUA	0.80	PA2	0.50
RHB	1.09	PE1	0.79	BA1	0.49
SSB	1.08	CA1	0.77	PA1	0.48
RVB	1.07	PD2	0.73	AAA	0.48
SSA	1.04	IB2	0.71		
CC1	1.01	BB2	0.70		

Mathematics behind the CMI

- ▶ CMI AVERAGE FOR MEDICAL ASSISTANCE RESIDENTS
 - ▶ $\text{=(SUM OF ALL MA RESIDENT'S MA CMI) DIVIDED BY THE NUMBER OF MA RESIDENTS}$

- ▶ CMI AVERAGE FOR TOTAL FACILITY
 - ▶ $\text{=(SUM OF ALL FAC CMI) DIVIDED BY THE NUMBER OF TOTAL RESIDENTS}$

Three sections of a CMI

Medical Assistance Residents

Resident Name	SSN	Assessment Date	Cor#	Assessment Type	RUG	MA CMI	Fac CMI
KEMMERER, KATHY	175260893	08/14/2014	(00)	Comprehensive	RMB	1.13	1.13
KEMMERER, KATHY	206281428	08/09/2014	(00)	Quarterly	RMA	1.00	1.00
KEMMERER, KATHY	140344961	08/04/2014	(00)	Quarterly	RMB	1.13	1.13
KEMMERER, KATHY	138223390	09/19/2014	(00)	Quarterly	RMB	1.13	1.13
KEMMERER, KATHY	184325287	08/02/2014	(00)	Quarterly	SSA	1.04	1.04
KEMMERER, KATHY	106281908	09/16/2014	(00)	Quarterly	PA1	0.48	0.48
KEMMERER, KATHY	076200811	10/03/2014	(00)	Quarterly	RMB	1.13	1.13
KEMMERER, KATHY	580442276	10/24/2014	(00)	Quarterly	CB1	0.86	0.86
KEMMERER, KATHY	152269643	10/28/2014	(00)	Quarterly	RMB	1.13	1.13
KEMMERER, KATHY	058406065	10/03/2014	(00)	Quarterly	CC1	1.01	1.01

Non-Medical Assistance Residents

Resident Name	SSN	Assessment Date	Cor#	Assessment Type	RUG	MA CMI	Fac CMI
KEMMERER, KATHY	086248221	10/26/2014	(00)	Quarterly	RHC		1.22
KEMMERER, KATHY	063248205	10/20/2014	(00)	PPS	RHC		1.22
KEMMERER, KATHY	088301307	08/29/2014	(00)	Quarterly	SSA		1.04
KEMMERER, KATHY	153386206	11/01/2014	(00)	Comprehensive	SE2		1.43
KEMMERER, KATHY	138329263	10/31/2014	(00)	PPS	RMA		1.00

Residents with no assessment

Resident Name	SSN	Assessment Date	Cor#	Assessment Type	RUG	MA CMI	Fac CMI
KEMMERER, KATHY	086248221	08/26/2014	(00)	Quarterly	RHC		0.48

Total Number of Medical Assistance Residents 10
 Total Number of Residents 15
 CMI Average for Medical Assistance Residents 0.95
 CMI Average for Total Facility 1.02

CMI VERY LOW DUE TO THE RESIDEDNT WITH NO ASSESSMENT; THIS RESIDENT IS MA WITH AN MA NUMBER AND THE MISSING ASSESSMENT IS 10/26/2014; IF YOU CORRECT THIS ERROR, WHAT WILL YOUR NEW CMI BE?

Kemmerer, Kathy	1.13									
Kemmerer, Kathy	1.00									
Kemmerer, Kathy	1.13									
Kemmerer, Kathy	1.13									
Kemmerer, Kathy	1.04									
Kemmerer, Kathy	0.48									
Kemmerer, Kathy	1.13									
Kemmerer, Kathy	0.86									
Kemmerer, Kathy	1.13									
Kemmerer, Kathy	1.01									
Kemmerer, Kathy	0.48	This is the resident from the no assessment (default rate)								
	0.9564	=SUM(B1:B11)/COUNT(B1:B11)								

Commonwealth of Pennsylvania
Department of Public Welfare

CMI Report for the November 2014 Picture Date
File: CMI-Nov2014-1026136020001-20141218-082520.htm

Provider Number: 1026136020001
Provider Name: WHITESTONE CARE CENTER

Medical Assistance Residents

Resident Name	SSN	Assessment Date	Cor#	Assessment Type	RUG	MA CMI	Fac CMI
KEMMERER, KATHY	175260893	08/14/2014	(00)	Comprehensive	RMB	1.13	1.13
KEMMERER, KATHY	206281428	08/09/2014	(00)	Quarterly	RMA	1.00	1.00
KEMMERER, KATHY	140344961	08/04/2014	(00)	Quarterly	RMB	1.13	1.13
KEMMERER, KATHY	138223390	09/19/2014	(00)	Quarterly	RMB	1.13	1.13
KEMMERER, KATHY	184325287	08/02/2014	(00)	Quarterly	SSA	1.04	1.04
KEMMERER, KATHY	106281908	09/16/2014	(00)	Quarterly	PA1	0.48	0.48
KEMMERER, KATHY	076200811	10/03/2014	(00)	Quarterly	RMB	1.13	1.13
KEMMERER, KATHY	580442276	10/24/2014	(00)	Quarterly	CB1	0.86	0.86
KEMMERER, KATHY	152269643	10/28/2014	(00)	Quarterly	RMB	1.13	1.13
KEMMERER, KATHY	058406065	10/03/2014	(00)	Quarterly	CC1	1.01	1.01
KEMMERER, KATHY	086248221	10/26/2014	(00)	Quarterly	RHC	1.22	1.22

Non-Medical Assistance Residents

Resident Name	SSN	Assessment Date	Cor#	Assessment Type	RUG	MA CMI	Fac CMI
KEMMERER, KATHY	086248221	10/26/2014	(00)	Quarterly	RHC		1.22
KEMMERER, KATHY	063248205	10/20/2014	(00)	PPS	RHC		1.22
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KEMMERER, KATHY	153386206	11/01/2014	(00)	Comprehensive	SE2		1.43
KEMMERER, KATHY	138329263	10/31/2014	(00)	PPS	RMA		1.00

Total Number of Medical Assistance Residents	11	
Total Number of Residents	16	
CMI Average for Medical Assistance Residents		1.02
CMI Average for Total Facility		1.07

Kemmerer, Kathy	1.13																			
Kemmerer, Kathy	1.00																			
Kemmerer, Kathy	1.13																			
Kemmerer, Kathy	1.13																			
Kemmerer, Kathy	1.04																			
Kemmerer, Kathy	0.48																			
Kemmerer, Kathy	1.13																			
Kemmerer, Kathy	0.86																			
Kemmerer, Kathy	1.13																			
Kemmerer, Kathy	1.01																			
Kemmerer, Kathy	1.22	Once this resident is moved from the no assessment (default rate) to the 1.22																		
	1.0236	=SUM(B1:B11)/COUNT(B1:B11)																		

It's all about Section S

- ▶ With the software it is easy to do a modification of an assessment
- ▶ Looking at your CMI report you correct and modify the assessment listed on the report
- ▶ We will look at section S but in addition you do need to complete section X
- ▶ According to the PA submission manual you complete section X by clicking on other reason for modifying and typing in the box “modified in accordance with the PA submission manual”
- ▶ Now let's fix section S

Complete section S to move from place to place on the CMI

- ▶ Is the resident Medical Assistance for MA CASE-MIX?
 - ▶ The answer was no putting her in the non-medical assistance residents
 - ▶ We are now correcting this answer to yes, moving her to the MA resident area of the CMI
- ▶ Date of change to/from Medical Assistance for MA CASE-MIX
 - ▶ The answer is always when the resident moved from one side of the CMI to the other – no matter which direction
 - ▶ We are now correcting this answer to 10/31/2014 (the date she moved from Medicare A to Medical Assistance)
- ▶ The last two answers came off the PA162 which is the MA number and the MA effective date

Pennsylvania
MDS 3.0 Section S

Section S	Pennsylvania Specific Items
Discharge After Discharge	
S8010H1. Picture Date Reporting Complete only if A0310F = 11	
Check if applies <input type="checkbox"/>	Check this item if the assessment is a Discharge Return Anticipated assessment (DRA) AND is to be used as a Discharge Return Not Anticipated (DRNA) for Picture Date reporting requirements
Payment	
S9080. Source of Payment	
Enter Code <input type="text" value="1"/>	A. Is the resident Medical Assistance for MA CASE-MIX? (see instructions) 0. No 1. Yes
	B. Date of change to/from Medical Assistance for MA CASE-MIX <input type="text" value="1"/> <input type="text" value="0"/> - <input type="text" value="3"/> <input type="text" value="1"/> - <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="4"/> <small>Month Day Year</small>
	C. Recipient Number from PA ACCESS Card (Must be completed if S9080A = 1) <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="1"/>
	D. MA NF Effective date from PA/FS 162 <input type="text" value="1"/> <input type="text" value="0"/> - <input type="text" value="0"/> <input type="text" value="1"/> - <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="4"/> <small>Month Day Year</small>

Kemmerer, Kathy	1.13										
Kemmerer, Kathy	1.00										
Kemmerer, Kathy	1.13										
Kemmerer, Kathy	1.13										
Kemmerer, Kathy	1.04										
Kemmerer, Kathy	0.48										
Kemmerer, Kathy	1.13										
Kemmerer, Kathy	0.86										
Kemmerer, Kathy	1.13										
Kemmerer, Kathy	1.01										
Kemmerer, Kathy	1.22										
Kemmerer, Kathy	1.22										
	1.0400	=SUM(B1:B12)/COUNT(B1:B12)									

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KEMMERER, KATHY	138329263	10/31/2014	(00)	PPS	RMA		1.00

Total Number of Medical Assistance Residents 11
 Total Number of Residents 16
 CMI Average for Medical Assistance Residents 1.04
 CMI Average for Total Facility 1.07

This brings up a very important observation

- ▶ Our little nursing home of 16 residents, adding one new rehab RUG to the MA CASE-MIX can increase the CMI by 0.02
- ▶ This number will remain proportionate as the amount of Residents goes up and the RUG weight changes
- ▶ Meaning: a nursing home of 16, one rehab RUG can increase a CMI by 0.02

- ▶ A nursing home of 90, two rehab RUGs can increase a CMI by 0.01
- ▶ A nursing home of 300, 6-9 rehab RUGS can increase a CMI by 0.01
- ▶ A nursing home of 600, 12-15 rehab RUGs can increase a CMI by 0.01

Plan the work and then work that plan?

- ▶ What do you want to accomplish this picture date?

- ▶ Your therapy company will support that goal and make recommendations to insure the true functional level of the resident is represented on the picture date.

Plan the work and then work that plan

Let's keep with the Aug 1st picture date remembering that my assessment dates must be between, and including, 5/2 to 8/1

- ▶ What can a nurse consultant bring to the table to assist the RNACs and therapy in this process?
- ▶ On 5/2, pull a list of all Residents
- ▶ Never give any thought to their payer source – a lot can happen in 3 months
- ▶ Work closely with therapy to recommend an OBRA assessment for every Resident who is currently on therapy caseload, and who's clinical needs are being met through the therapy they are receiving
- ▶ Review my Medicare and Managed A lists and note where combining assessments may relieve some of the assessments that need to be completed (this is important with PDPM as well, where streamlining is a CMS goal)

Plan the work and then work that plan

Let's keep with the Aug 1st picture date remembering that my assessment dates must be between, and including, 5/2 to 8/1

- ▶ Create a watch list:
 - ▶ This is a list of residents I need to continue to monitor closely for declines in all areas to insure clinical programming needs are being addressed
 - ▶ Never limit my auditing to just the watch list; therefore, the watch list has the residents that have clinical programming needs and the MDS currently on the CMI report does not represent those needs
 - ▶ Audit and complete screens to provide therapy, identifying declines and requesting an evaluation. They then determine whether therapy is clinically appropriate
 - ▶ If it is determined appropriate, therapy will be planned and RNACs will be informed for them to determine whether an MDS should be scheduled to insure the clinical needs of the resident and the end splits of the RUG categories are being represented on the current CMI

Long term care advocacy

- ▶ It has been, and always will be, very important to meet the needs of the short term resident. Those residents following a PDPM track
- ▶ It has been, and always will be, very important to meet the needs of the long term residents.
 - ▶ Loss of independence is a natural course of events but keeping someone as independent as possible, through their life, will increase their quality of life as measured by their quality measures

Therapy's Role

- ▶ Strong clinical programs, outcomes tracking, and frequent audits
- ▶ Achieve resident's optimal physical, mental, and psychosocial functioning
- ▶ Promotes quality of life
- ▶ Clinical Programming starts with a LTC Advocacy philosophy
- ▶ Education, training, and implementing an IDT communication and referral system
 - ▶ Nursing ↔ Therapy
 - ▶ All SNF departments

LTC Advocacy Program

Patient ID Methods:

- ▶ ADL Index Reports
- ▶ Program Champions
- ▶ QI/QM (CASPER & 5 Star) Reports
- ▶ 24 Hour Report
- ▶ Incident Reports
- ▶ Weight Loss Reports
- ▶ RNA / RNP Communication
- ▶ Activities Communication
- ▶ Walking Rounds (Dining Room, Activities)
- ▶ Facility Referral Program – Advocacy Philosophy
- ▶ Ongoing Clinical Program Implementation, E&T, and Auditing

LTC Advocacy Program

- ▶ OBRA mandates that we provide every resident the “necessary services to attain or maintain the highest practicable physical, mental and psychosocial well being.”
- ▶ Jimmo v Sebelius

LTC Advocacy Program

- ▶ If a resident is reported to have had a fall, change in socialization, change in eating pattern, skin breakdown, mobility change, or ADL participation, etc., there is a change/decline that therapy needs to address
- ▶ Remember, every resident deserves the chance to maintain or return to their PLOF through skilled therapy intervention. We need to complete a thorough evaluation to determine how therapy can assist

LTC Advocacy Program

Therapy Screen Request

Patient name and room #: _____

- Needs help to walk/knees buckle
- Tires easily/unable to complete task
- Needs help to transfer
- Loses balance/complaints of dizziness
- Loss of joint motion
- Falling
- Needs help using wheelchair
- Leaning/sliding out of wheelchair
- Not safe alone in room
- Easily distracted
- Not following directions
- Confused
- Losing weight
- Drooling or coughing during meals
- Problem using utensils/self-feeding
- Problem with dressing
- Problem with bathing
- Problem with toileting
- Problem with coordination
- Can't understand resident's speech
- Complains of pain
- Getting weaker
- Withdrawn and isolate

5 Star Long-Stay QMs

Measures used to calculate the star rating - Long-stay residents

Number of hospitalizations per 1,000 long-stay resident days. <i>Lower numbers are better.</i>	2.05	1.58	1.73
Number of outpatient emergency department visits per 1,000 long-stay resident days. <i>Lower numbers are better.</i>	1.33	0.67	1.02
Percentage of long-stay residents who got an antipsychotic medication. ⓘ <i>Lower percentages are better.</i>	13.3%	15.5%	14.5%
Percentage of long-stay residents experiencing one or more falls with major injury. <i>Lower percentages are better.</i>	3.3%	3.3%	3.4%
Percentage of long-stay high-risk residents with pressure ulcers. ⓘ <i>Lower percentages are better.</i>	5.8%	6.9%	7.3%

5 Star Long-Stay QMs

<p>Percentage of long-stay residents with a urinary tract infection. <i>Lower percentages are better.</i></p>	3.0%	2.2%	2.8%
<p>Percentage of long-stay residents who have or had a catheter inserted and left in their bladder. ⓘ <i>Lower percentages are better.</i></p>	2.8%	1.9%	2.1%
<p>Percentage of long-stay residents whose ability to move independently worsened. <i>Lower percentages are better.</i></p>	24.0%	19.8%	17.7%
<p>Percentage of long-stay residents whose need for help with daily activities has increased. ⓘ <i>Lower percentages are better.</i></p>	14.5%	14.9%	14.7%
<p>Percentage of long-stay residents who report moderate to severe pain. <i>Lower percentages are better.</i></p>	17.1%	7.0%	6.6%

5 Star Long-Stay QMs

Additional quality measures - Long-stay residents			
Percentage of long-stay residents who were physically restrained. <i>Lower percentages are better.</i>	1.1%	0.3%	0.3%
Percentage of long-stay low-risk residents who lose control of their bowels or bladder. <i>Lower percentages are better.</i>	60.0%	56.1%	48.4%
Percentage of long-stay residents who lose too much weight. <i>Lower percentages are better.</i>	4.7%	5.7%	5.5%
Percentage of long-stay residents who have symptoms of depression. <i>Lower percentages are better.</i>	0.0%	2.2%	4.6%
Percentage of long-stay residents who got an antianxiety or hypnotic medication. ⓘ <i>Lower percentages are better.</i>	21.8%	20.3%	20.4%

Therapy Program Examples

- ▶ Functional-based Treatments
- ▶ ADLs
- ▶ PAM
- ▶ Contracture Management
- ▶ RNPs
- ▶ Falls Prevention
- ▶ Pain Management
- ▶ Behavior Management
- ▶ Incontinence
- ▶ Low Vision
- ▶ Vestibular
- ▶ Dining
- ▶ Dysphagia
- ▶ Seating & Positioning
- ▶ Wound Care / Prevention
- ▶ Cognition
- ▶ Dementia
- ▶ Restraint Reduction

Reconcile a CMI

- ▶ Insure that your Census, that you printed at the beginning of the CMI process, matches your current CMI from NFRP.
- ▶ Work on modifying your assessments (section A and section S) until you get a clean CMI (all residents are in the correct section of your CMI)
- ▶ Recommend at least 3 checks of the CMI

Reconcile your CMI

► Census

Date: Jan 20, 2015
Time: 10:14:25 ET
User: Kathy Kemmerer

Kathy's Care Center-SNF Daily Census 2/7/2015

Unit: All Floor: All Date: 1/20/2015 Filter out inactive beds: N Exclude census items:

Room-Bed	Resident	Resident Status	Care Level	Alt. Care level	Primary Payer
Unit: A Bed Certification: Dually Certified					
101-A	KEMMERER, KATHY(4061198)	Active	RUB10	STD	Medicare A
101-B	KEMMERER, KATHY (4061203)	Active	UNK00	STD	Private insurance with RUG
102-A	KEMMERER, KATHY(406844)	Active	UNK00	STD	Medicare A
102-B	KEMMERER, KATHY (4061138)	Active	RUB30	STD	Private Pay
103-A	KEMMERER, KATHY (40630)	Active	STD		Medicaid pending
103-B	KEMMERER, KATHY (406950)	Active	STD		Medicaid PA
104-A	KEMMERER, KATHY (4061190)	Active	RUB20	STD	Medicare A
104-B	KEMMERER, KATHY (4061161)	Active	RUA30	STD	Medicare A
105-A	KEMMERER, KATHY (4061039)	Active	RUC30	STD	Medicare A
105-B	KEMMERER, KATHY (4061124)	Active	RUB20	STD	Medicare A
106-A	EMPTY				
107-A	KEMMERER, KATHY(406973)	Active	STD		Medicaid PA

Available Beds 12
Empty Beds 1
Total Residents 11
Percent of Occupancy 87.0%

► CMI

Commonwealth of Pennsylvania
Department of Public Welfare

CMI Report for the November 2014 Picture Date
File: CMI-Nov2014-1026136020001-20141218-082520.htm

Provider Number: 1026136020001
Provider Name: WHITESTONE CARE CENTER

Medical Assistance Residents

Resident Name	SSN	Assessment Date	Cor#	Assessment Type	MA RUG	Fac CMI
KEMMERER, KATHY	175260893	08/14/2014	(00)	Comprehensive	RMB 1.13	1.13
KEMMERER, KATHY	206281428	08/09/2014	(00)	Quarterly	RMA 1.00	1.00
KEMMERER, KATHY	140344961	08/04/2014	(00)	Quarterly	RMB 1.13	1.13
KEMMERER, KATHY	138223390	09/19/2014	(00)	Quarterly	RMB 1.13	1.13
KEMMERER, KATHY	184325287	08/02/2014	(00)	Quarterly	SSA 1.04	1.04
KEMMERER, KATHY	106281908	09/16/2014	(00)	Quarterly	PA1 0.48	0.48
KEMMERER, KATHY	076200811	10/03/2014	(00)	Quarterly	RMB 1.13	1.13
KEMMERER, KATHY	580442276	10/24/2014	(00)	Quarterly	CB1 0.86	0.86
KEMMERER, KATHY	152269643	10/28/2014	(00)	Quarterly	RMB 1.13	1.13
KEMMERER, KATHY	058406065	10/03/2014	(00)	Quarterly	CC1 1.01	1.01
KEMMERER, KATHY	086248221	10/26/2014	(00)	Quarterly	RHC 1.22	1.22
KEMMERER, KATHY	063248205	10/20/2014	(00)	PPS	RHC 1.22	1.22

Non-Medical Assistance Residents

Resident Name	SSN	Assessment Date	Cor#	Assessment Type	MA RUG	Fac CMI
KEMMERER, KATHY	086248221	10/26/2014	(00)	Quarterly	RHC	1.22
KEMMERER, KATHY	088301307	08/29/2014	(00)	Quarterly	SSA	1.04
KEMMERER, KATHY	153386206	11/01/2014	(00)	Comprehensive	SE2	1.43
KEMMERER, KATHY	138329263	10/31/2014	(00)	PPS	RMA	1.00

Total Number of Medical Assistance Residents 11
Total Number of Residents 16
CMI Average for Medical Assistance Residents 1.04
CMI Average for Total Facility 1.07

My advice?

- ▶ Do your first check when you get your CMI (approx. 8/20 for 8/1 picture date)
 - ▶ This will be the hardest of all the checks
 - ▶ Come up with a system that works for you
- ▶ Do your second check on the first of the following month (9/1 for the 8/1 picture date)
 - ▶ Start from scratch as if it was your first check
- ▶ Do at least one more check prior to the administrator signing (approx. 9/16 for the 8/1 picture date) – leaving a few days in case there are last minute errors found
- ▶ Keep all your documents, either electronically or a hard copy, for UMR

Use techniques to maneuver the CMI so everyone is in the correct section!

- ▶ Using the correcting, modifying, completing section S and completing section X technique
- ▶ One by one move your residents to the MA CMI
 - ▶ If the resident is Medicaid on the picture date (census) and has an MA number
 - ▶ If the resident was Medicaid pending but you received a PA162 prior to the end of finalization 9/20
 - ▶ If they were private pay but received a PA162 back dating the “on MA” date to 8/1 or before
- ▶ Do not do one check, even if you think you’re right, remember the administrator is putting his/her faith in you!

Let's talk about typical personalities

- ▶ These are just my observations; those moments when I sit back and watch someone's personality and then profile them. When they prove me right, I just sit back and smile!
- ▶ You really can learn a lot about a person and how to approach them by watching their behavior
- ▶ The way you approach them might be the key to breaking down the walls between therapy and nursing

The personality of a rehab employee



- ▶ Strong
- ▶ Patient
- ▶ Observant
- ▶ Caring
- ▶ Loyal
- ▶ Can be a little intimidating to a nurse who is very protective of their patients

The personality of an RNAC



- ▶ Formidable
- ▶ A fighter/hunter
- ▶ On guard
- ▶ Always watching
- ▶ Protector of their young
- ▶ Always right?
- ▶ Tenacious
- ▶ Almost impossible to change their view from the Resident to the financial

Work together



The key is to have Rehab and Nursing come together as one



- ▶ Together we find inner strength
- ▶ Together we overcome our fears
- ▶ Together we are empowering
- ▶ Together we make a wonderful life for our residents
- ▶ Together we bring funds to our facilities
- ▶ Together.....

We find real strength !!!!



Thank You!

Questions?

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