

## Q&As following the 07/17/2020 MDS training!

1. If you are putting a new admission in quarantine (negative COVID test, non-symptomatic) in a private room, as that is recommended by CMS, could that be considered isolation? For quarantine masks are recommended, but w. isolation full PPE is recommended.
  - a. Unfortunately, no this would not count as isolation. The first rule for coding isolation on RAI Manual Page O-5 is “The resident has active infection with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.” In the case of the standard quarantine, in the absence of a positive test or symptoms, the resident does not meet the coding criteria
2. I wanted to ask about something, basically related to the proposed payment model for AK LTCs. I was in on the webinar yesterday where they were talking about a RUGs type acuity, nursing hands on payment driven calculation for payment. With our ICF residents, if the acuity is high and we need lots of RN/CNA hands on, we are going to get hit in our star ratings (I think). Do you think this is something we can discuss at the next training?
  - a. I am not familiar with AK specific payment models, but I do know about RUG payment models in general. The higher the acuity, the higher the payment. So, it is possible that capturing some higher acuity for payment may present as a decline for the QM.
  - b. One important thing to note, that with QMs that compare one assessment to the previous (Such as ADL decline and Ability to move independently) those assessments have to have a minimum of 46 days between them for the QM to trigger. So it is possible that you do an assessment within 46 days from the previous to capture the acuity, but it may not reflect as a decline on the QM until months later when the next assessment is 46 days from the triggering assessment.
  - c. The Key to mitigating this is making sure the chart tells the story, the care plan is accurate, and the team is always capturing the highest acuity (especially with ADLs) using the RAI Manual coding instructions
3. Resident exhaust her benefits on 7/10/2020. Admitted back to the acute on 7/11/2020. Admitting diagnosis is not related to COVID-19. When she returns to the facility and she qualifies for SNF LOC, will Medicare A cover?
  - a. No – If the reason for continued skilled services was not related to COVID 19, the resident would not be eligible for another 100 days unfortunately. They will return to the facility as a Skilled no Pay level of care, you should continue to track them at our weekly Medicare meeting to discuss skill. Billing will need to send benefits exhaust claims each month. Once the resident drops skill, the LOC will drop to custodial (non-skilled) and you will continue to monitor them at weekly Medicare until they have had their 60day period of wellness. At that point, billing can send a No Pay claim to Medicare to inform them they are eligible for a new benefit period.