

EF Senior Care

We are senior living industry consultants, owners, operators & innovators. Our services include:

- Mock Surveys
- Developing Plans of Correction
- Infection Control
- Revenue Cycle Management
- Central Back Office Services
- Census Development
- Permanent and Interim Placements
- Administrator Support Software









Welcome to Our Webinar

Webinar tools

- Polls
- Q and A

Follow-up information

- Webinar Recording
- Slide deck





Our Expert Panelists



Robert Eisenstein Co-Founder EF Senior Care



Danielle Dang, RN Industry Expert



Carla Soares
Field Account Manager
EF Senior Care



Lessons

There are some key lessons that we hope you'll take away from today's webinar:

- Learn how some of these F-Tags may directly impact reimbursement if deficiencies are found
- Understand how these F-Tags may get cross-tagged thru a deficiency from another F-Tag and reimbursement may be impacted
- Recognize that documentation or communication gaps between your business office and clinical teams may contribute to a loss of reimbursement







F625: Bed Hold Policy - Best Practices

- Ensure bed hold policy language is in your admissions paperwork and the resident/ family has signed acknowledgment of this policy <u>upon admission</u>
 - Audit your Admissions Paperwork for signed acknowledgement
- Prior to every transfer for a hospital stay, therapeutic leave, or other leave, ensure the resident/family is provided with written bed hold information and signs the notification
 - Review your transfer procedures, documentation and staff training
- Medicaid will pay for up to 20 days of medical leave each time a resident is transferred to the hospital and 10 days of non-medical leave per 12-month period starting with the first day of the non-medical leave.
 - Keep track of Medicaid-resident transfers and make sure you bill Medicaid for all eligible paid bed holds
 - For non-medical leave, a day is defined as a continuous 24-hour period
- For Non-Medicaid residents, make sure their family receives information about paying privately to hold the bed
 - Review your transfer procedures and documentation for non-Medicaid residents





F626: Readmission – Best Practices

- While you typically must readmit residents after a transfer to a hospital or other setting, you may not have to do so if a resident will pose a danger to themselves, other residents or staff
 - Carefully document the circumstances
 - Initiate the process early (preferably before the transfer)
 - Involve your local Ombudsman
 - Be consistent in the treatment of all residents
- You can notify the hospital and insist that certain conditions be met prior to readmittance
 - The Resident must be Behavior-free for 24-48 hours
 - The Resident must be 1:1-free for 24-48 hrs







F644 & F645: PASRR - Best Practices



- MassHealth issued <u>new guidance</u> in October 2021 that must be followed.
 - Facilities must follow this process and use the <u>new screening form</u>.
- If an invalid or PASRR error is identified, MassHealth only pays from the date of the correction
 - PASRR errors should be corrected as soon as possible to avoid financial penalties
- Categorical Determinations (CDs) are special time-limited authorizations
 - Pay special attention to any "less than 30 day" CDs which require a subsequent assessment if their stay will exceed the time limit (Provisional Emergency 2 days; Respite 10 days; Convalescent Care 25 days)
- If a resident without a need for a Level II PASRR has a subsequent change in condition, you must <u>request a Level II assessment</u> the <u>next business day</u> and notify the resident's family of the referral
- Residents with a Severe Mental Illness (SMI) determination must have annual Resident Reviews
 - Make sure to track all required assessments and document the results





F567-F571 Best Practices

- Authorization on file for all Open Resident Trust Fund accounts
 - Audit your Admissions paperwork
- Funds are available at least 10 hours per week and 3 days per week
 - Provide after-hours funds availability
- Maintain proper Resident accounts
 - Ensure separate accounting ledgers for each resident
 - Perform a monthly reconciliation of deposits, withdrawals & interest with bank statement
 - Issue quarterly statements to residents/family members and upon request
- Prevent Residents from exceeding \$2,000 eligibility limit
 - Install a process for regularly reviewing accounts and notifying resident/family member when balance reaches \$1,800 to initiate spenddown





F567-F571 Best Practices



- Surety Bond is active and sufficient
 - Regularly review highest monthly balance and make sure surety bond covers it





Other Financial Survey Tags

There are other Financial Survey Tags we're seeing from regulators relating to:

- Refunds to Residents within 30 days after Discharge/Death
- Credit Balance Refunds owed to MassHealth
- Medicaid/Medicare Residents Charged only for Non-Covered Services
- Payroll Based Journal (PBJ)

We don't have time to cover them today, but if you have any questions about these or other survey tags, please contact us at:

(617) 702-2644 or www.EFSeniorCare.com



EF Ally Can Help

www.EFAlly.com

EF Ally's Plan of Correction module is loaded with templates for most tags

You can use these templates to get a head start on writing and implementing a "best practice" POC

EF Ally helps you do much more than POCs







