

MEETING SUMMARY

March 10, 2025, Quarterly Nursing Facility Call

03/10/2025, 2:00 p.m. – 3:00 p.m.

Host

Presenters:

Angie Gonzales-Dorn, DHHS Program Manager II, MLTC
Seila Idrizovic, DHHS Program Specialist, MLTC
Melissa (MJ) Kramer, DHHS Behavioral Health Practitioner IV, MLTC
Tonya Remaklus, DHHS Administrative Specialist, MLTC

Summary

This summary is also available at the following website address:

<https://dhhs.ne.gov/Pages/Medicaid-Nursing-Facilities.aspx>

Announcement: Kepro has undergone a merger, and the name has changed to Acentra. The software system is still Atrezzo, however, Acentra will be main Logo versus Kepro. The website domains will eventually change.

Introduction

- Angie Gonzales-Dorn – The new Program Manager II
- Melissa (MJ) Kramer – Our Behavioral Health Practitioner IV
 - Nebraska Medicaid & Long-Term Care (MLTC) has added a couple of new programs that are focused on identifying possible gaps in services for nursing facility residents. We want to make you aware that your facility may receive requests from the MLTC team for additional information or documentation to assist in ensuring that nursing facility residents across Nebraska receive the care and resources they need.
 - One program involves a review of the Preadmission Screening and Resident Review (PASRR) Level II evaluations of nursing home residents that identify specific services the nursing home is expected to provide or arrange with outside entities. Incorporating recommended PASRR services into a resident's care plan is already part of the federal requirement for PASRR. You may be asked to provide copies of resident care plans, progress or provider notes, or other documents to confirm the services are being provided, the required services are unavailable, or there has been a change in the resident's condition and the services are no longer applicable. This is part of a collaborative effort to better provide services for nursing facility residents who live with a severe mental illness and/or intellectual disability or related condition.
 - A second program involves a review of residents' responses to Minimum Data Set version 3.0 (MDS) Section Q. MDS Section Q identifies the resident's goals and expectations for nursing home stay, if they want to be asked about their return to the community, and whether or not a referral was made to a Local Contact Agency (LCA). If the MDS is coded to reflect the resident has an expectation of returning home, to an assisted living, or to another community setting, and the resident desires a referral, you may be asked for documentation indicating your referral and efforts to support the resident in reaching this goal. If discharge of the resident is not possible at the time due to factors such as lack of community resources, you may be asked for documentation indicating why the discharge isn't possible. This is part of a collaborative effort to identify the services utilized to provide effective discharge resources and referrals.

PASRR REVIEW

- **Requirements for PASRR can be found in 471 NAC Chapter 12 section 006.**
- The federal regulations **require** that any resident admitting to a Medicaid certified nursing facility must have a valid PASRR, regardless of who the payor is, by the day of admission and must continue to have a current PASRR as long as the resident resides in the NF. When there is a gap in valid PASRR dates.
 - Medicaid **cannot** reimburse for those days.
 - The 30-Day Hospital Exempt and time limited Level II PASRRs are the most common types of PASRR that could have a gap in valid dates.
- Kepro has three business days, by contract, to finish a level II PASRR **from the day they receive all the information they have requested.**
 - They will ask for records,
 - nursing notes,
 - history and physicals,
 - OBRA 8
 - A **REQUIRED** Consent Form
 - Frequently check the Kepro website to be sure Kepro received all the information needed to complete the Level II PASRR
 - If the facility finds itself in a time crunch for the new PASRR,
 - Kepro can expedite the process
 - will work with facilities as best they can
 - Kepro will need all the information to do so.
- Level I PASRR's are completed online and are a screening.
 - Looking for
 - Indications of a serious mental illness (SMI), or
 - Intellectual disability or related condition (ID/RC)
 - Residents with any of these need a full evaluation to ensure they are appropriate for the NFLOC
 - If appropriate for NF then determines if they need any specialized services
 - If resident discharges to the community, then comes back
 - a new PASRR and NFLOC will need to be done.
- 60/90-day requirements
 - If PASRR evaluation is more than 90 days before admission
 - Then need a new LII PASRR – sub level 1.
 - If a LI screening is done and then admission is delayed for 60 days or more
 - Then need a new LI PASRR
- 30 Day Hospital Exempt
 - MMIS will automatically set a 30-day end date from the completion of the 30 Day Hospital Exempt PASRR
 - For example,
 - if the hospital exempt PASRR was completed on March 10th, the end date in MMIS will likely be April 9th.
 - This is also the case with time limited Level II PASRRs.
 - If the Level II is good for 180 days,
 - then MMIS will set an end date 6 months from the determination date of the Level II PASRR

- Dawn highly recommends estimating the end date and then starting the new Level I PASRR seven to ten days prior to the estimated end date.
 - This will give Kepro time to finish the evaluation prior to the end date, if the Level I escalates to a Level II PASRR
- Level II PASRR's are face-to-face interviews by qualified contractors that
 - produce a Summary of Findings and
 - Identifies recommendations that become part of the resident's plan of care.
 - If in hospital for more than 90 days
 - a new PASRR and NFLOC will need to be done.
- With all the turnover it is highly recommended to have a step-by-step guide on how to do the referrals,
 - who to send it to
 - the fax numbers.
 - It is very important to print out and keep the fax transmittal sheet that tells you the fax went through.

Time Limited Level II PASRR's

- With the time limited, setting up calendar reminders can help keep a gap from happening.
- For the level I PASRR's there are 3 to be aware of the dates. Be sure to start the Level II with enough time (7 – 10 days) to be completed before the end date.
 - Exempted Hospital Discharge (30 days),
 - Respite (30 days), and
 - Emergency (7 days).
- You can use the consumer letter to get information as well. There is a copy in your case.
- Level II summary has a date at the top and in the body is the number of days approved.
 - This needs to be in the care plan.

NF LOC Review

- **Requirements for NFLOC can be found in 471 NAC Chapter 44**
- If a resident is Medicaid eligible on the date of admission,
 - a referral to the Area Agency on Aging (AAA) or League of Human Dignity (LHD) is required
 - **on or before** the date of admission
- Reimbursement for room and board will not start until the NF LOC is referred and completed
- The NF Pay Date uses the referral date when MMIS processes information to set the pay date
- The information used is both the NF LOC referral date and the PASRR dates.
- When you have a resident that enters as private pay and then applies for Medicaid
 - as soon as you receive the notice of action assigning the facility the role of nursing facility
 - make the nursing facility level of care referral
 - not necessary to wait for the notice of action
- a NF LOC is not required if
 - residents approved for a Waiver or for Program of All-Inclusive Care for the Elderly (PACE) upon admission to the nursing facility
 - . It is possible that MMIS will not automatically set a NF Pay Date but it does not happen very often.
 - If you have an issue contact Angie or Seila
 - the resident enters on hospice,
 - If comes off hospice contact Angie or Seila
 - started hospice before you received the role of nursing facility notice,

- If comes off hospice contact Angie or Seila
 - have a level II with no end date
 - If the resident has a Level II PASRR, the LOC determination is included in the assessment,
 - a separate LOC referral is not required
- Criteria for a 14-day post Medicaid referral was added to the chapter 12 regulations
 - In June 2020
 - This means that when a resident is newly determined eligible for Medicaid while residing in a nursing facility
 - the facility has 14 days from the date of determination for eligibility to make that referral
 - The best way to know the determination date for eligibility is to look at the “Date of Notice” on the Notice of Action
 - The facility has 14 days from that date to make the level of care referral

MDS Assessment Questions

- Send to Tonya Remaklus, Tonya.Remaklus@Nebraska.gov
- Claims Issues
 - Demographic Issues
 - If you know you have a NFLOC but are being told you don’t
 - It is probably a demographic problem.
 - Altrezo – stores the PASRR.
 - Check with AAA &/or LHD and double check the demographics.
 - If there is a PASRR issue, contact Dawn or Jerica Kagy, Jerica.Kagy@Nebraska.gov
 - SSN & DOB
 - If the SSN or DOB does not match what we have in Casemix it gets stuck in load errors.
 - Tonya sends out a lot of emails asking for verification of SSN &/or DOB
 - Hospice
 - When someone is in hospice at NF
 - Hospice should be billing room & board.

Bed Move Reminders

- Please remember to submit these monthly or more often so that the correct information is there when cutoff is run.

Duplicate Assessments Training (from Dawn)

- Use the Active Resident report as a tool to determine if original assessment was accepted
- The last assessment date is one of the columns. If the last assessment date is not the date you expect to see, then you need to check Casemix load errors, especially if your validation report says accepted. CMS does NOT edit for as many fields as Nebraska does. If you have a validation report that says accepted, this does not mean Nebraska has accepted that assessment in the Casemix resident profile.
- If you discover an error on an assessment that was transmitted and accepted into the resident profile, you will need to follow the RAI manual to determine if a significant correction to a prior quarterly/comprehensive is needed. This is especially handy when the error is discovered in the same cut off period and there is still time to submit the significant correction (provided it meets the definition in the RAI manual).
- Per the RAI manual, the ARD on the significant correction to a prior quarterly/comprehensive is the date the error is discovered.
- When Casemix receives 2 assessments in the same cut off period, the assessment with the most recent ARD is the care level that will be established for that period.
- If the error is discovered in a different cut off period, then the facility needs to follow the RAI Manual for completing the next assessment. In Medicaid, there is no penalty for doing an early assessment.

- It is important to remember that once a quarterly or comprehensive assessment is accepted in the resident profile in Casemix, **Medicaid will NOT remove or delete that assessment**. The facility will need to send a significant correction to a prior quarterly/comprehensive OR a new assessment.

Claims Questions

- Send to Seila Idrizovic, Seila.Idrizovic@Nebraska.gov

Reports/Tools that help NF's track their assessments and residents

- Active Resident report
- Care Level report
- Load Errors
- Weighted Days report
- Emails that are sent about SSN verifications or MDS Issues

Acentra Training

- Acentra holds monthly training for PASRR, hosted by Ellen Olson. This is an overlooked resource. In addition, their website has recordings of past training you can watch. They are around 50 to 55 minutes long.
 - The information for Acentra is below.
 - <https://nepasrr.kepro.com/>
 - NEPASRR@kepro.com
 - 1-833-840-9945