RoP SESSION 2-

ENVIRONMENT- SAFE/ CLEAN
BENEFICIARY NOTICES
RESIDENT GROUPS
PERSONAL FUNDS

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Disclaimer

The information provided is of a general nature and is not intended to address the circumstances of any particular organization. Although we strive to provide accurate and timely information, there can be no guarantee that the information is accurate as of today or that it will continue to be accurate in the future. No one should act upon this information without appropriate professional advice after a thorough examination of your particular organization and situation.

Safe, Clean and Homelike Environment

Rights related to environment

- As leaders in your communities it is your responsibility to meet the requirements of resident rights, one portion of which is creating a homelike environment.

- As you start to make recommendations for changes to the environment, it is important to include all levels of staff in the planning.

Safe Environment

F 584

Resident has a right to safe, clean, comfortable and homelike environment

Environment

Environmental focus is found throughout the regulatory guidance

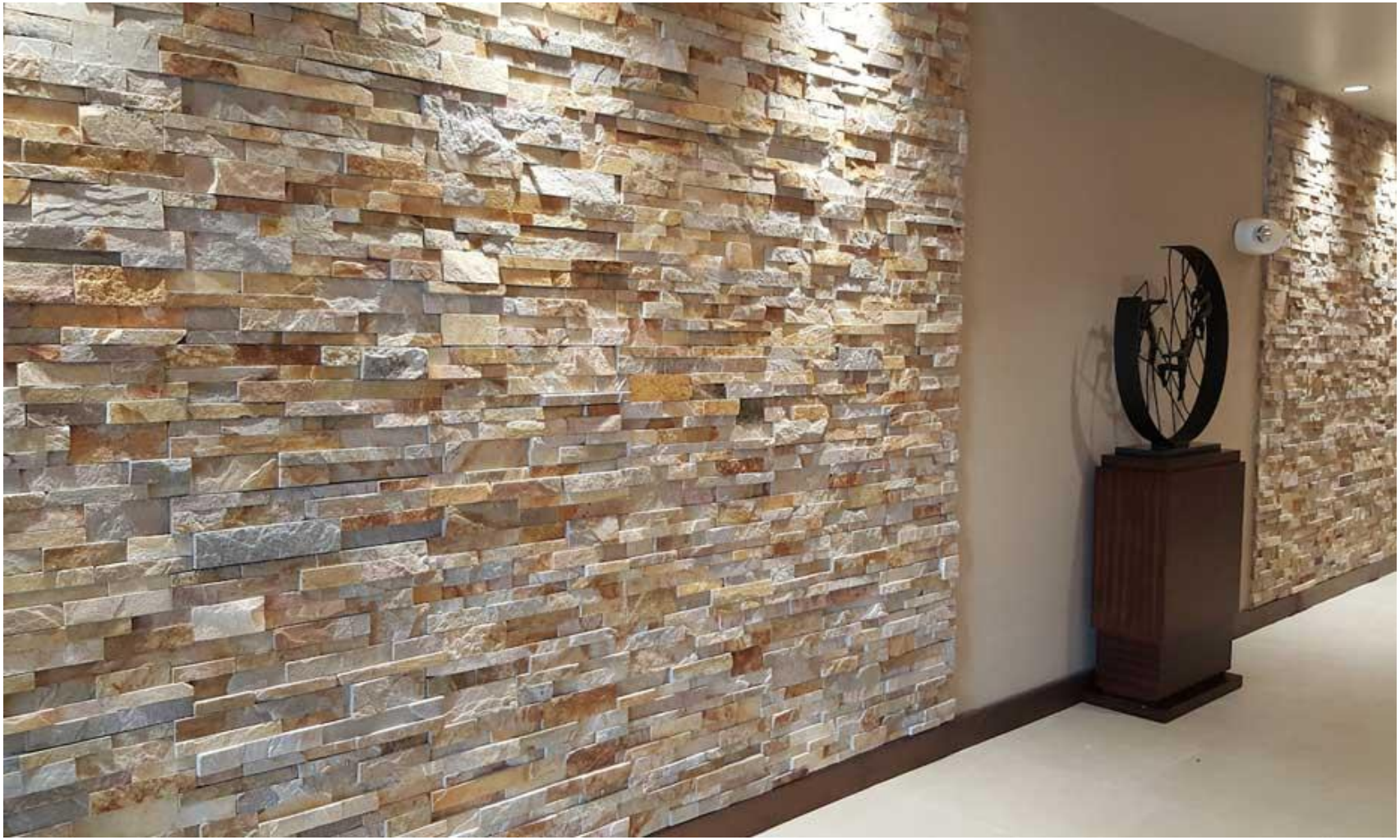
- Accident prevention
- Infection control
- Dining Environment
- Environmental effects on behavior
- Humanizing self worth and esteem
- Accommodating the environment to meet needs
- Recognizing the influence of temperature, noise and light

Homelike environment

Goal: Safe, clean comfortable and homelike

- Homelike is defined as an environment that de-emphasizes the institutional character of the setting

Beautiful but…



Common Areas

Common areas frequented by residents should accommodate residents' physical limitations.

Securing Resident Property

Care must be taken to ensure the protection of resident's property from loss or theft

Home-Like Environment

- How has your organization addressed?
  - Overhead paging
  - Medication or treatment carts
  - Audible chair and bed alarms
  - Furniture that does not reflect a home-like environment or is uncomfortable
  - Absence of window treatments or drapes
  - Lack of bedspreads or personal items in rooms or on walls

Homelike is not achieved simply by the physical environment alone but by achieving person centered care

Short term vs long term residents

- Internet access vs. newspaper
- Place to lock and charge mobile devices
- Visitation/ privacy
- Activities
- Meals in room and/or with guests

Safety vs. Homelike

- Water temps
- Chemicals secure
- Country kitchens
- Pictures over beds items, on top of light fixtures
- Reporting issues for repair etc.

Beneficiary Notices

CMS BNI

https://www.cms.gov/Medicare/Medicare-General-Information/BNI/FFSSNFABNandSNFDenialLetters.html

The Right to Required Notices

For Medicare Covered Part A Beneficiaries:

Right to be notified in writing that services will end and what if any potential liability for payment will the resident have

Two basic notice formats

- NOMNC Notice of Medicare Non Coverage tells the resident of their appeal rights to the QIO when services end

- ABN Advanced Beneficiary Notice tells the resident what charges (liability) they may incur once Medicare no longer pays for a service, the right for a demand bill process (appeal through the MAC)

QIO's

There are two types of QIOs :

- *Beneficiary and Family Centered Care (BFCC)-QIOs*
- *Quality Innovation Network (QIN)-QIOs*

NOMNC Notice of Medicare Non Coverage CMS 10123

- Also known as the Generic Notice
  - Given at the end of the Medicare A stay to inform the resident that your community has determined that the resident no longer meets the qualifications to continue skilled level of care benefits

  AND
  - That the resident has the right to an independent appeal of that decision through the QIO

NOMNC

- Must be given 2 calendar days in advance of the actual cut date
- If given in person a signed and dated form will show evidence of having provided the appropriate notice timely
- If done by phone: documentation must include:
  - Person making call:
  - Name of contact:
  - Date and Time of contact:
  - Telephone number called:
  - A statement that appeal rights were read to contact, including the time and date for expedited appeal deadline and the QIO contact information
  - AND you must still mail it out to the person who was called requesting a signature and return of the document
  - Mail Certified if unable to contact in any other manner

Consider adding telephone info requirements to the form

Additional Information (Optional):

- *For Telephone Contact:*
- *Person making call:*
- *Name of contact:*
- *Date and Time:*
- *Tel number:*
- *Was the contact notified of appeal rights, the appeal process, and QIO contact information and the date and time the rep needs to contact the QIO?*

Don’t give when…

- When beneficiaries never received Medicare covered care in one of the covered settings
- When services are being reduced
- When beneficiaries are moving to a higher level of care
- When beneficiaries exhaust their benefits
- When beneficiaries end care on their own initiative
- When a beneficiary transfers to another provider at the same level of care

NOMNC

Increasing number of residents wining appeals based on facility technical errors on these forms

- Late notice will be an automatic 2 day denial You loose all money for those two days since Medicare will not pay and you cannot bill the resident privately

- Incomplete or incorrect information will end in resident winning an appeal

NOMNC

Now, if not done correctly, in addition to possible loss of revenue….

- Easy picking for a state surveyor!
  - Deficient practices will be cited during survey
- Critical Element Pathway is available to surveyors for BNI

NOMNC QA Tool

Resident: _____

DOA: _____

Last covered day: _____

Date notice dates as provided to resident/POA: _____

- Format of notice:
  - In person
    - Signed and dated
  - Mailed
    - Mailed receipt received 2 calendar days prior to cut
  - Phone
    - All elements documented to assure complete notification

NOMNC

Consider: Set guidelines for staff to follow:

- Resident no longer requires skilled level of care services: Issue NOMNC
- Resident is cutting Med A and will go on Med B: Issue NOMNC

Type of resident	Change in resident status	A. Expedited Review Form CMS-10123 "Generic Notice"	B.1 Denial Notice OR B.2. SNF ABN CMS-10055	C. ABN CMS R 131 (Includes Med B NEMB)	D. Optional SNF NEMB CMS 20014 OR your own notice
SNF Med A -Medicare/Medicaid dual-eligible Residents living in the Certified Skilled Area					
1.Admission to SNF	No 3-day qualifying Hospital stay but receiving Skilled Care (either 3 day hosp stay was observ stay, or, less than 3 day inpt stay)	No	No	No	(Optional) To notify of liability, or other facility notice. Note: Some UMR team expect to see a notice.-
2. Admission to SNF	No 3-day qualifying stay and will receive custodial care (not skilled as defined by Medicare)	No	No	No	Note: Some UMR team expect to see a notice.-
2A. Admission To SNF	Had a 3- day stay but not covered for coverage reasons (probably rare)	No	Yes- SNF Determination upon admission	No	-
3H Admission to SNF	Had a 3-day stay but elected hospice	No	No	No	Optional letter to notify of room and board charges
3H1	If hospice above revoked by hospice	Yes (if revoked by resident this notice is not required but documentation of beneficiary choice must be in record)	Yes, if 30 days from hospital stay and no skilled care/stay, to notify of custodial care if still had Med A days remaining	No	

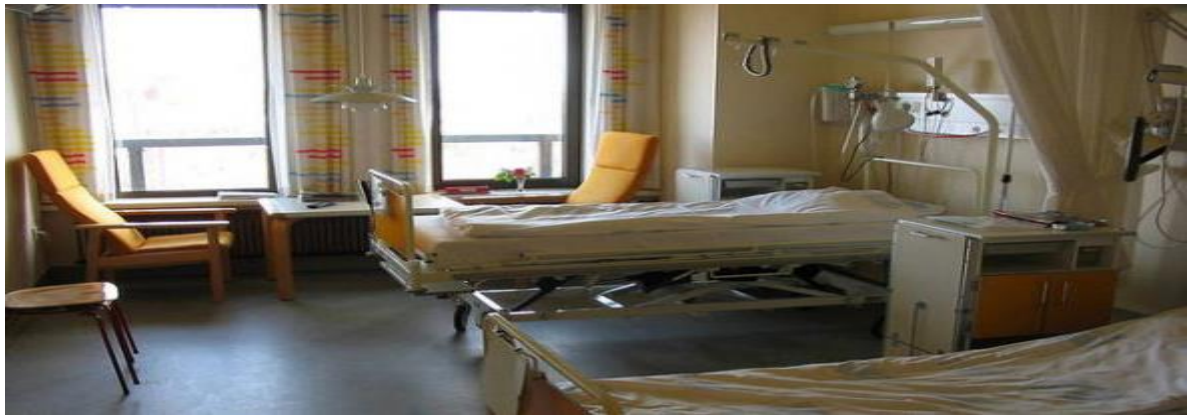
3H2. SNF under Med A for terminal diagnosis	**Resident elects Medicare hospice benefit during stay**	**No**	**No**	**No (Hospice to provide notice if not for terminal illness.)**	**Recommend providing optional notice to notify of Room and Board charges – may be own notice. If Medicaid they may want to see a notice of payer change.**
4.SNF under Medicare A with Med A days remaining	Discharge to home in IL/AL, or community	Yes	No	No	-
5. SNF under Medicare A with days remaining	Discharge from Med A, Staying in the SNF whether covered under Med B or not,	Yes	Yes*-SNFABN or SNF Determination on Continued Stay[1,2] (to notify of custodial care in a SNF)[1,2] (If residents will not incur new fees since they are under a Life Care contract, the ABN still given- resident can be told that "Medicare will not be paying for any services so they are required to receive the notice by statute, but their costs are covered in their contracted fees.)	No	-

6. SNF under Med A	**Resident chooses to cut from services when otherwise services would continue (well documented)**	**No**	**No (Note that if the resident will remain in the SNF for custodial care a Denial or ABN should still be provided)**	**No**	**-**
7. SNF under Med A	Used total benefit of 100 days and is staying in the SNF.	No	No	No	(Optional) to notify of liability -or other facility notice. (Other facility notice is recommended by PCCP)
8. SNF under Med A	Reduction of some but not all skilled services (as included in Surveyor guidance)	No	No -Unless services will be billed that are not "reasonable and necessary" and therefore not covered by Medicare	No	
9. SNF resident with Medicare Advantage	Prior to the end of Medicare services	Provide CMS 10123 At least 2 days prior to the end of services	No	No	

Skilled care cut and resident remains in facility…

For Traditional Medicare:

If, after issuing the NOMNC, the SNF expects the beneficiary to remain in the facility in a non-covered stay, either the SNFABN or a Denial Letter must be issued to inform the beneficiary of potential liability for the non-covered stay.



ABN-Advanced Beneficiary Notice

Also known as the CUT letter

- Informs the resident that some or all of the services covered by Medicare A will now be their financial responsibility (liability), demand bill

- Two formats
  - CMS 10055 form
  - Denial Letters

ABN

- The ABN offers opportunity for a demand bill to be sent in to Medicare

- Which should I use?

  Letter or CMS 10055?

Medicare B

NOMNC is required when cutting Medicare B rehab services

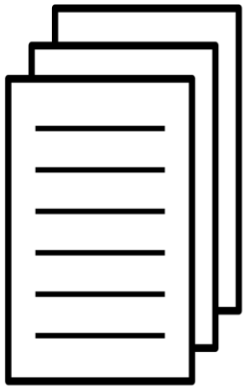
ABNs are rarely given in Medicare B cut situation

- BUT if you need to give one use CMS R131.

CEP for BNI

- Error on page three of the CEP in reference to Hospice .

- If a resident cuts from Med A and goes onto Hospice A NOMNC is not required.



Medicare Outpatient Observation Notice (MOON)

- The MOON is a standardized notice to inform Medicare beneficiaries that they are outpatients receiving observation services and are not inpatients of a hospital or critical access hospital (CAH).

All hospitals and CAHs are required to provide the MOON, per CMS guidance, beginning no later than March 8, 2017

Resident Groups

Resident Groups

F 565

- Intent of this regulation is ensure that resident's can organize and participate in resident groups in the facility.

Resident / Family Groups

- Designated staff person

Visitors attending Resident Council

- Staff, visitors or other guests may attend only at group's invitation

Resident /Family Groups

- Facility staff are required to consider resident and family group views and act upon grievances and recommendations.

Managing Personal Funds

Managing Personal Funds

The resident has a right to manage his or her financial affairs. This includes the right to know, in advance, what charges a facility may impose against a resident's personal funds.

- The facility must not require residents to deposit their personal funds with the facility
- If a resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility.

Deposit of Funds

- Interest bearing accounts required
  - Medicaid when excess of $50
  - Non Medicaid when excess of $100
- Separate accounting of each residents funs if Pooled Accounts
- No co mingling of funds with facility accounts
- Petty cash has to be available to those who wish to access funds

Access to Funds

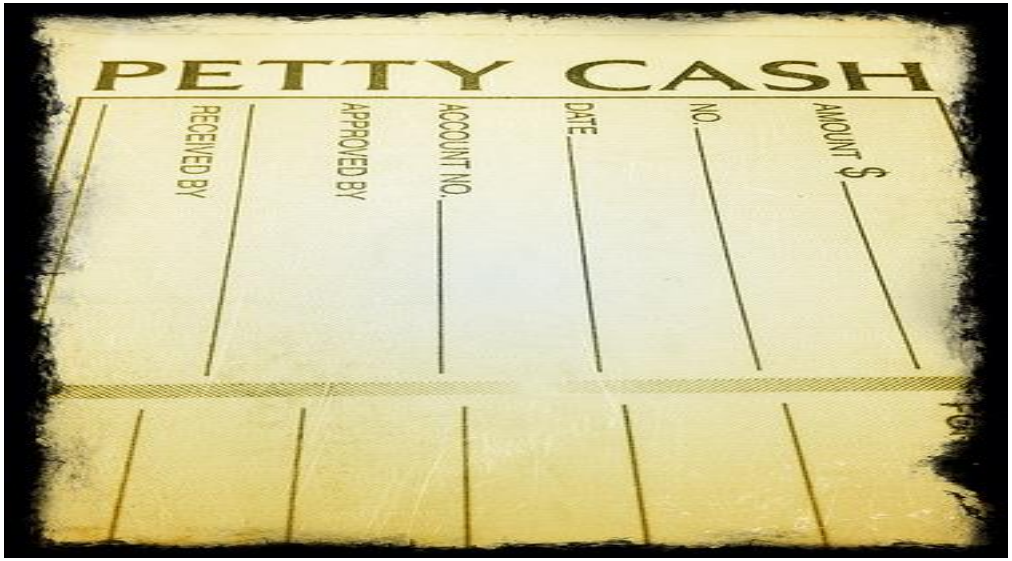
- The law and regulations are intended to assure that residents have access to *$100.00 ($50.00 for Medicaid residents)* in cash within a reasonable period of time.

- Requests for less than *$100.00 ($50.00 for Medicaid residents)* should be honored within the same day.

- Requests for *$100.00 ($50.00 for Medicaid residents)* or more should be honored within three banking days.

Availability of funds

- Although the facility need not maintain *$100.00 ($50.00 for Medicaid residents)* per resident on its premises, it is expected to maintain amounts of petty cash on hand that may be required by residents.



Temporary Fund Holding

- Residents may make requests that the facility temporarily place their funds in a safe place, without authorizing the facility to manage those funds
- The facility must have a system to document the date, time, amount, and who the funds were received from or dispersed to.
- The facility must have systems in place to safeguard against any misappropriation of a resident's funds

Accounting and Records

- The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.

- There can be **NO** commingling of resident funds with facility funds or with the funds of any person other than another resident.

Quarterly Statements

The individual financial record must be available to the resident through quarterly statements and upon request

- Quarterly statements *must* be provided in writing to the resident or their representative within 30 days after the end of the quarter, and upon request

SSI

Notice of certain balances.

- The facility must notify each resident that receives Medicaid benefits—
  - When the amount in the resident's account reaches $200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and
  - That, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident **may lose eligibility for Medicaid or SSI.**

Conveyance Upon Discharge, Eviction, or Death

The facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the resident, or in the case of death, the individual or probate jurisdiction administering the resident's estate, in accordance with State law.

Surveyors Instruction

- As part of closed record review, determine if within 30 days of discharge, eviction, or death, facility staff conveyed the resident's personal funds and a final accounting to the individual or probate jurisdiction administering the individual's estate as provided by State law.

Surety Bond

Assurance of financial security

- The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility.
- The surety bond is not limited to personal needs allowance funds. Any resident funds that are entrusted to the facility for a resident must be covered by the surety bond, including refundable deposit fees.
- The facility cannot be named as a beneficiary

PA State Reg

42 CFR 483.10 (c) (7)

- The oblige (of the surety bond) must be the resident or residents either named individually or as a group.

Surety Bonds

Must be for a dollar amount to cover all funds being managed

Charges to Residents

- The facility may charge the resident for requested services that are more expensive than or in excess of covered services

Services Included in Medicare or Medicaid Payment

Facilities must not charge a resident for the following categories of items and services:

- (A) Nursing services as required.
- *(B)* Food and Nutrition services as required
- (C) An activities program as required
- (D) Room/bed maintenance services.
- (E) Routine personal hygiene items and services as required to meet the needs of residents.
- (F) Medically-related social services as required
- *(G)* Hospice services elected by the resident and paid for under the Medicare Hospice Benefit or paid for by Medicaid under a state plan.

May be Charged to Residents' Funds

- (A) Telephone, including a cellular phone.
- (B) Television/radio, personal computer or other electronic device for personal use.
- (C) Personal comfort items, including smoking materials, notions and novelties, and confections.
- (D) Cosmetic and grooming items and services in excess of those for which payment is made under Medicaid or Medicare.
- (E) Personal clothing.
- (F) Personal reading matter.
- (F) Gifts purchased on behalf of a resident.
- (H) Flowers and plants.

May be Charged to Resident's Fund

- *(I)* Cost to participate in social events and entertainment outside the scope of the activities program
- (J) Non-covered special care services such as privately hired nurses or aides.
- (K) Private room, except when therapeutically required (for example, isolation for infection control).
- (L) Except as provided in (e)(11)(ii)(L)(1) and (2) of this section, specially prepared or alternative food requested instead of the food and meals generally prepared by the facility, as required by §483.60.
  - **(1) The facility may not charge for special foods and meals, including medically prescribed dietary supplements, ordered by the resident's physician, physician assistant, nurse practitioner, or clinical nurse specialist, as these are included per §483.60.**

May Be Charged to Resident's Fund

Requests for items and services.

- Must be specifically requested by the resident.
- The facility must not require a resident to request any item or service as a condition of admission or continued stay.
- The facility must inform, orally and in writing, that there will be a charge for the item or service and what the charge will be.

Questions

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