



An Informational Bulletin Brought To You By Polaris Group

## NEW LAWS PROVIDE SHORT-TERM FIXES

### PHYSICIAN FEE SCHEDULE FIX, EXTENSION OF THERAPY CAP EXCEPTIONS PROCESS

The Senate joined the house in approving H.R. 4691, the Temporary Extension Act of 2010, which President Obama signed into law. The Temporary Extension Act of 2010 extends a number of important Medicare provisions through March 31, 2010.

- ⇒ **The legislation includes a one-month extension of the Medicare Physician fee schedule freeze, which is the same schedule used to pay for Part B Therapies in Nursing facilities, in lieu of the 21.2% cut that briefly went into effect March 1, 2010.**
- ⇒ **The measure also extends the Medicare Part B therapy cap exceptions process through March 31, 2010, retroactive to January 1, 2010.**

Medicare Part B therapy service providers may now submit claims with the KX modifier, when an exception is appropriate, for services furnished on or after January 1, 2010 through March 31, 2010.

For additional information, please visit our website at:

[http://www.polaris-group.com/news\\_releases.asp](http://www.polaris-group.com/news_releases.asp)



### MDS 3.0 Corner

#### Section D Mood



Geriatric experts and associations have concluded that MDS 2.0 Section E was not adequate for depression screening. To replace it the MDS 3.0 uses the Patient Health Questionnaire (PHQ-9©), a checklist of nine symptoms of depression that is completed as a resident interview.

**D0100 – Should the interview be conducted?**  
-Exception “rarely/never understood”

**D0200 - Resident Mood Interview (PHQ-9©) –**  
“Over the last 2 weeks, have you been bothered by any of the following problems?” (Look back period for this item is 14 days)

- A. Little interest or pleasure
- B. Feeling down, depressed, hopeless
- C. Trouble falling or staying asleep or sleeping too much
- D. Feeling tired, little energy
- E. Poor appetite or overeating
- F. Feeling bad about yourself
- G. Trouble concentrating on things
- H. Moving/speaking so slowly that other people could have noticed or opposite e.g. fidgety
- I. Thoughts better off dead/hurting yourself

Symptom Present

- 0. NO 1. Yes 9. No Response

Symptom Frequency

- 0. 0-1 days – not at all
- 1. 2-6 days – Several days



2. 7-11 days – More than half the days
3. 12-14 days – Nearly every day

**D0300 – Total Severity Score** – Add scores for all frequency responses.

- ⇒ Add up the numerical value of each question in the interview.
- ⇒ The interview is successfully completed if the resident answered the frequency responses of at least 7 of the 9 items on the PHQ-9©.
- ⇒ If symptom frequency is blank for 3 or more items, the interview is deemed NOT complete. **Total Severity Score** should be coded as “99” and the **Staff Assessment of Mood** should be conducted.

**PHQ-9© Total Severity Score** can be used to track changes in severity over time. **Total Severity Score** can be interpreted as follows:

- ⇒ 1-4: minimal depression
- ⇒ 5-9: mild depression
- ⇒ 10-14: moderate depression
- ⇒ 15-19: moderately severe depression
- ⇒ 20-27: severe depression

**D0350 – Safety Notification (NEW)**

**Was responsible staff or provider informed that there is a potential for resident self harm?**

**D0500 – Staff Assessment of Resident Mood**

- ⇒ Similar questions (Do not complete if Resident Mood Interview was completed)

**D0600 – Total Severity Score –**

- ⇒ Total score must be between 00 and 30.

**D0650 – Safety Notification – Informed of potential self harm (NEW)**

To read the full report, please visit our website at:

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## **PERSON-CENTERED CARE FOR NURSING HOME RESIDENTS:**

### **THE CULTURE-CHANGE MOVEMENT**

The "culture change" movement represents a fundamental shift in thinking about nursing homes. Facilities are viewed not as health care institutions, but as person-centered homes offering long-term care services. Culture-change principles and practices have been shaped by shared concerns among consumers, policy makers, and providers regarding the value and quality of care offered in traditional nursing homes.

- ⇒ April 2009 CMS issued its new interpretive guidelines that call for homelike environments in Nursing Homes. These changes are intended to support efforts underway to transform nursing homes into homelike environments through both environmental changes and resident centered caregiving.
- ⇒ Oct. 2010 Implementation of MDS 3.0, which will include new Resident Interview tools that allow residents to have a voice. These interviews will guide care planning, which will map the way to resident centered caregiving.

#### **An ideal culture change facility would feature:**

- ⇒ **Resident direction** – Residents should be offered choices and encouraged to make their own decision about personal issues. Residents have the right to have a choice over their schedules, consistent with their interests and assessments. This includes daily waking, eating, bathing and going to bed at night.
- ⇒ **Homelike atmosphere** – Practices and structures should be more homelike and less institutional. For instance, smaller nursing units with 10 to 15 residents, eliminating nurse's



stations, taking down institutional signage, and elimination of overhead public address systems.

- ⇒ **Close relationships** – To foster strong bonds, the same nurse aides should provide care to a resident.
- ⇒ **Staff empowerment/Collaborative decision-making** – The use of care teams should be encouraged. Staff should have the training to respond on their own to residents’ needs.
- ⇒ **Quality of improvement processes** – Culture change should be treated as an ongoing process of overall performance improvement.

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**Q & A**  
“Where No Question Goes Unanswered!”

- Q.** Is it required to issue an ABN to a resident when reaching the cap or exceeding the cap under the exception process?
- A.** No, it is not required. There is no appeal right when benefits are exhausted. However, it is a good practice for the facility to notify the resident prior to reaching the cap as a courtesy and to eliminate any confusion going forward.



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