



**Department  
of Health**

Medicaid  
Redesign Team

# Nursing Home Acuity Workgroup

*Meeting #1*

May 22, 2019

# Agenda

- Welcome and Introduction of Nursing Home Acuity Workgroup Members
- Schedule of Nursing Home Acuity Workgroup Meetings
- Review of Statutory Nursing Home Acuity Workgroup Requirements
- Background Information and Data
- Acuity Adjustment Process (Current vs. New)
- Five Representative Actual Resident Acuity Scores
- Today's Workgroup Discussion
- Next Meeting

## Nursing Home Acuity Workgroup Overview and Introductions

- The Nursing Home Acuity Workgroup was established by the State Fiscal year 2019-20 Enacted Budget (Chapter 57 of the Laws of 2019 – Part G).
- The Department of Health (DOH) is charged with convening and chairing the Workgroup.
- Individual members of the Workgroup include representatives of:
  - *Nursing Homes (Proprietary, Voluntary, and Public)*
  - *Statewide Associations of Nursing Homes*
  - *Case Mix Experts*
- The Department is pleased to welcome the members of the NH Acuity Workgroup and appreciates your participation and collaboration.

# Nursing Home Acuity Workgroup Members and Introductions

<i>Michael Ogborn, Chair of Workgroup, Department of Health</i>	
Andrea Brindisi Paragon Management	Dov Lebovic Concourse Rehab and Nursing Center
Christopher Koenig Niagara Lutheran Health System	Gedalia Klein Centers Business Office
Christine Pesiri Southern New York Association	Dr. Jeffrey Rubin Post Acute Partners
Dan Heim LeadingAge New York	James McGregor 1199SEIU United Healthcare Workers East
Darius Kirstein LeadingAge New York	John Murray Loretto Health and Rehab
David Berkowitz Kings Harbor Multicare Center	Larry Slatky Albany County Nursing Home
Douglas Wissmann Hillside Manor Rehab and Ext Care Center	Mary Gracey-White Greater NY Health Care Facilities Association

# Nursing Home Acuity Workgroup Members and Introductions

Michael Balboni Greater NY Health Care Facilities Association	Robert McLeod Hospital Association of New York
Michelle Synakowski Community Wellness Partners	Robert Werner Parker Jewish Institute for HC & Rehab
Mitch Marsh ArchCare	Robert Nasso The Bonadio Group
Mojdeh Rutigliano Hebrew Home at Riverdale	Scott Amrhein Greater New York Hospital Association
Nancy Leveille NYS Health Facilities Association	Sean Doolan Hinman Straub
Neil Heyman Southern New York Association	Stephen Hanse NYS Health Facilities Association
Paul Rosenfeld Kingsbrook Jewish Medical Center	

# Nursing Home Acuity Workgroup Meetings

Meeting	Purpose	Date
Meeting #1 (today)	<p>Review recent case mix data and related analyses with respect to the implementation of the July 1, 2019 change in methodology.</p> <p>Workgroup members offer recommendations on how to:</p> <ul style="list-style-type: none"> <li>• Improve future practice regarding accuracy in the minimum data set (MDS) collection process; and</li> <li>• Reduce or eliminate abusive practices to ensure the appropriate acuity for residential health care residents.</li> </ul>	<p>May 22, 2019 11 a.m. – 1:00 p.m.</p>
Meeting #2	<p>Workgroup members offer recommendations on how to revise the MDS collection process related to the proposed Federal Patient Driven Payment Model (PDPM).</p> <p>Discussion of Workgroup Recommendations.</p>	<p>June 13, 2019 11:00 a.m. – 1:00 p.m.</p>
Meeting #3	<p>Final review of Workgroup Recommendations for report due June 30, 2019.</p>	<p>June 27, 2019 11:00 a.m. – 1:00 p.m.</p>

# Nursing Home Acuity Workgroup (Chapter 57, Laws of 2019)

- The Workgroup shall review:
  - Recent case mix data and related analyses conducted by the Department with respect to the Department's implementation of the July 1, 2019 change in methodology;
  - The Department's minimum data set collection process; and
  - Case mix adjustments authorized under subparagraph (ii) of paragraph (b) of subdivision 2-b of section 2808 of the Public Health Law.
- Such review shall seek to promote a higher degree of accuracy in the minimum data set data, and target abuses.

# Nursing Home Acuity Workgroup

## (Chapter 57, Laws of 2019)

- The Workgroup may offer recommendations on how to:
  - Improve future practice regarding accuracy in the minimum data set collection process; and
  - Reduce or eliminate abusive practices.
- In developing such recommendations, the Workgroup shall ensure that the collection process and case mix adjustment recognizes the appropriate acuity for residential health care residents.



# Nursing Home Acuity Workgroup (Chapter 57, Laws of 2019)

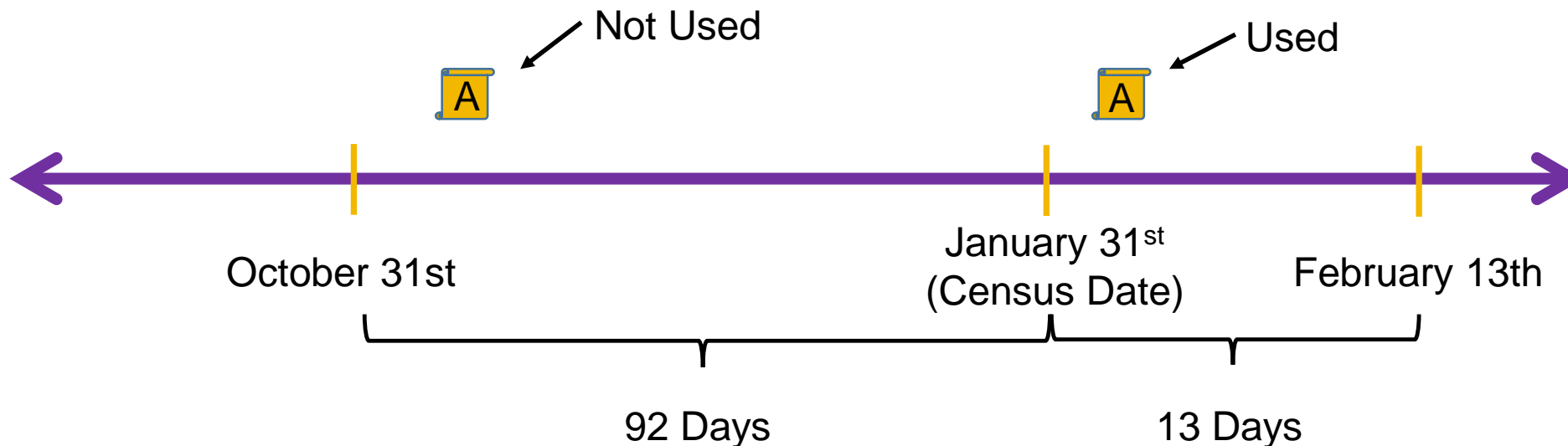
- The Workgroup may provide recommendations regarding the:
  - Proposed Federal Patient Driven Payment Model; and
  - Administrative complexity in revising the minimum data set collection and rate promulgation processes.
- Notwithstanding any changes in Federal law or regulation relating to nursing home acuity reimbursement, the Workgroup shall report its recommendations no later than June 30, 2019.

# Background

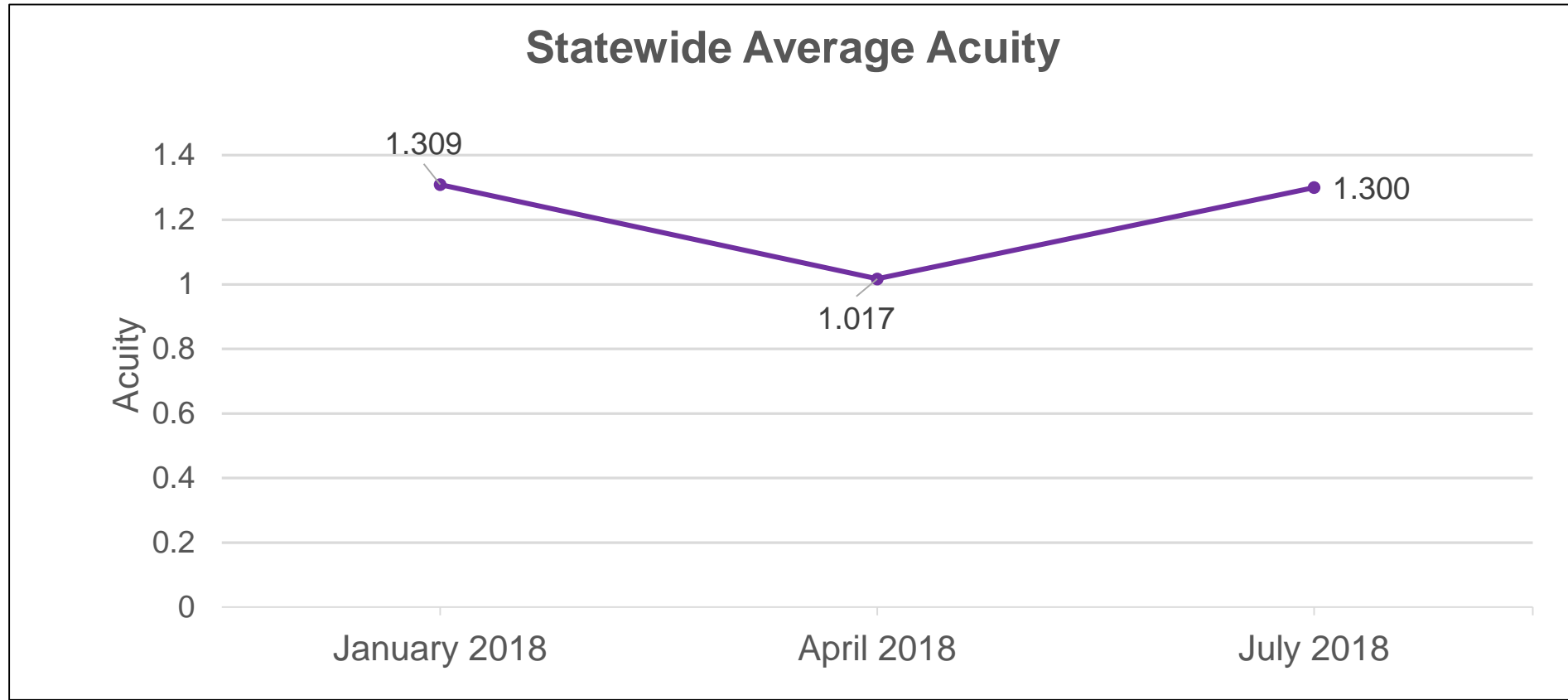
- NYS Public Health Law requires the Department to make case mix adjustments to Nursing Home fee-for-service rates in January and July of each year.
- NH are required to submit patient acuity assessments to CMS within 13 days of admission and every 92 days thereafter.

# Current Acuity Adjustment Process

- From January 2009 adjustment to January 2019 adjustment, the Department utilized only one assessment to measure acuity for each rate change.
- In choosing the one assessment, the Department looks back 92 days and looks forward 13 days and chooses the one closest to an arbitrary census date (the last Wednesday in January and July).
- All other assessments are excluded from the calculation

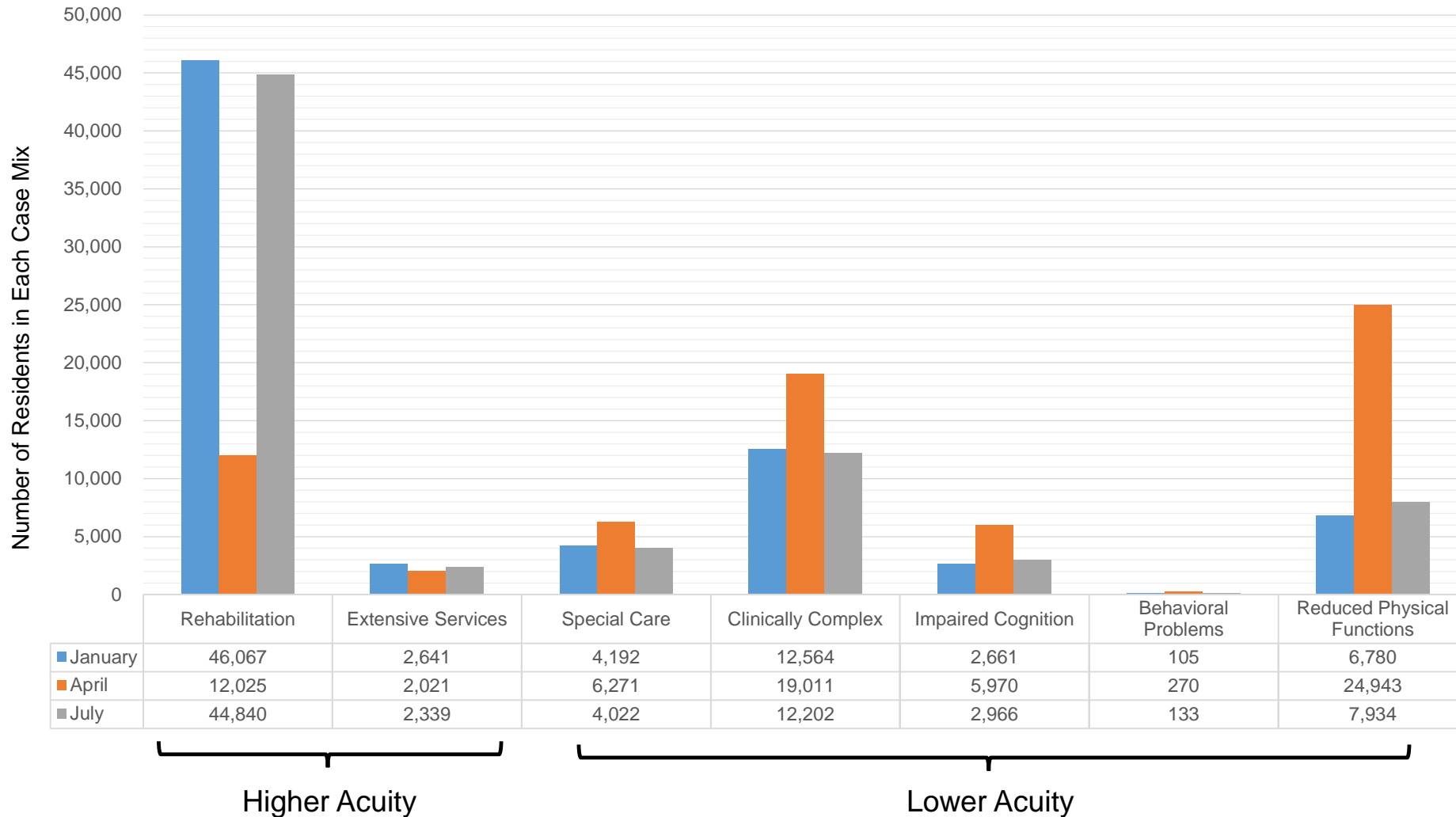


# Statewide Average Acuity Scores January, April and July 2018 (All Facilities)



# Residents by Category

## January, April, and July 2018 (All Facilities)



### High Acuity Categories

- ✓ Rehabilitation
- ✓ Extensive Services

### Low Acuity Categories

- ✓ Special Care
- ✓ Clinically Complex
- ✓ Impaired Cognition
- ✓ Behavioral Problems
- ✓ Reduced Physical Functions

# Acuity Adjustment Process (Current vs. New)

Current Process	New Process
Nursing Homes submit patient acuity assessments at least every 92 days to CMS.	No change.
Nursing Homes submit census rosters to the Department.	Census roster no longer required.
Only one assessment per resident used to calculate rate.	DOH will use all available assessments.

# Five Representative Resident Acuity Scores

	Assessment Date	Acuity Score	<u>Current Process</u> Acuity Score closest to Census Date	<u>New Process</u> Average Acuity Score
Resident 1	9/21/18	0.72	1.53	1.13
	12/21/18	1.53		
Resident 2	8/10/18	0.78	1.22	0.93
	11/6/18	0.78		
	12/31/18	1.22		
Resident 3	9/28/18	0.79	1.37	1.08
	12/28/18	1.37		
Resident 4	10/3/18	1.96	1.27	1.45
	12/28/18	1.12		
	1/29/19	1.27		
Resident 5	10/7/18	1.40	0.86	0.99
	12/20/18	0.72		
	1/30/19	0.86		

# Today's Nursing Home Acuity Workgroup Discussion

## **Workgroup Discussion: Improve Future Practice Regarding Accuracy in MDS Collection Process.**

- What steps need to be taken to ensure data is accurate (Facilities, DOH, CMS)?
- What changes, if any, would make collection of data more efficient?
- Are there options to ensure quality of data prior to submission to CMS?



# Today's Nursing Home Acuity Workgroup Discussion

## **Workgroup Discussion: Reduce or Eliminate Abusive Practices to Ensure Appropriate Acuity for Residential Health Care Residents.**

- To what extent do such practices exist today?
- What, if any, quality assurance/monitoring processes should be established?

# Next Meeting

- Next Meeting

Topic:

- Workgroup members offer recommendations on potential revisions to MDS collection process related to the proposed Federal Patient Driven Payment Model (PDPM).
- Discussion of Workgroup Recommendations.

Date: Thursday, June 13, 2019 11 a.m. – 1:00 p.m.

Location: One Commerce Plaza, Conference Room 1613

- Final Meeting

Topic: Final Discussion of Workgroup Recommendations

Date: Thursday, June 27, 2019 11 a.m. – 1:00 p.m.

Location: One Commerce Plaza, Conference Room 1613