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| Regulation |  |  |  |  |  |
| PDGM |  |  |  |  |  |
| Discharge Planning |  |  |  |  |  |
| MBI |  |  |  |  |  |
| Maintenance- PTA |  |  |  |  |  |
| BOR’s |  |  |  |  |  |
| Payor Changes- Open Enrollment |  |  |  |  |  |
| VA payor changes- Tri West |  |  |  |  |  |
| Pended Authorization Request Response Time Changed | <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/provider-news/#7> |  |  |  |  |
| OASIS D1 |  |  |  |  |  |
| Changes to authorization for MMIS RN/LPN (Medicaid management information system) |  | * 1-1-20 MA, Waivers, ACG
* Authorizations/Service agreements will have to separate skilled nursing into RN and LPN codes-
* Case manager involvement in determining how many LPN visits will be needed.
* Impact patients who currently receive MMIS if their S/A will span into next year.
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| Changes with NGS- Advanced Directives |  |  |  |  |  |
| Infusion Therapy Benefit |  |  |  |  |  |
| “Efficiency” Final Rule | <https://s3.amazonaws.com/public-inspection.federalregister.gov/2019-20736.pdf> | 1. We are removing the requirements for verbal (meaning spoken) notification of all patient

rights at § 484.50(a)(3), and replacing it with a requirement that verbal notice must be providedfor those rights related to payments made by Medicare, Medicaid, and other federally fundedprograms, and potential patient financial liabilities as specified in the Social Security Act.1. We are revising § 484.80(c)(1) to clarify that skill competencies may be assessed by

observing an aide performing the skill with either a patient or a pseudo-patient as part of asimulation. We are defining the terms “pseudo-patient” and “simulation” in § 484.2.We are revising the requirement at § 484.80(h) related to completing a full competencyevaluation when an aide is found to be deficient in one or more skills. Instead of completing afull competency evaluation, an aide would only be required to complete retraining and acompetency evaluation directly related to the deficient skills.Finalized Emergency Preparedness provisionsMove annual review and training of programs to every 2 yearsMove to only 1 emergency test per year with alternating size of test1. Inpatient hospice facilities are still required to conduct two tests per year
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| Predatory Offender Reporting |  | Crimes committed on/after 8-1-19 |  |  |  |
| MDH Changes- check with Karen P. |  |  |  |  |  |
| iQIES |  |  |  |  |  |
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Your Next Steps- From Epic

Review operational implications of Burden Reduction Rule

Review workflows for sending/tracking transfer/discharge summaries

Ensure clinicians are documenting discharge planning discussions

Review procedures and policies around discharge planning

Review your HH/HSPC Compare Data and quality improvement programs

Review your patient and referral outreach strategies

Educate your referral partners

Request to be on discharge planning lists at hospitals

Add HH/HSPC Agency information to your summary reports