From: **Wilhide Consulting, Inc.** judy@judywilhide.com
Subject: Simple fast answers Volume 2
Date: April 18, 2020 at 9:01 PM
To: judy@judywilhide.com

WilhideConsulting
Respect the Aged

1. Can we skill someone who is in isolation due to exposure or admit from hospital without signs and symptoms?
Answer: If they meet skilled criteria. Not all will.

Examples:
a. 66 yo in for elective knee replacement, alert and oriented, no superimposed medical conditions, here for a week of rehab to home. Two days before discharge you have to isolate everyone on his hall bc a therapist turned up positive.
This resident can be told to quarantine at home and call his MD if he has s/s and come back in to the SNF for a Medicare stay.

b. 70 yo, COPD, diabetes, in for hip fracture, was going home in 4 days. Was on the same hall as the guy in (a) above, and had the same exposure to the therapist.
This resident meets criteria for Observation and Assessment from Ch 8 BPM because she can go from initial symptoms to dead in hours, not days. She can be skilled.

2. Can you just keep skilling someone past day 100?
I have to break this question down into two questions so here goes:

2.a. Does the waiver mean one benefit period can last more than 100 days?

Answer: No it does not. If you have a skilled need on day 101, you actually have day 1 of a new 100 days. That means a new 5 day, new MD cert, NPE on day 100, and new variable per diem adjustment schedule.

2.b. Can we skill past day 100 if they meet skilled criteria?
So, we already know that if you do this, you are starting over on day 1 of a new 100 days.
Moving on:
In some limited circumstances you can. We know from Volume 1 that you can't just keep skilling a tube feeder or someone with complicated pressure ulcers or someone with a

stroke that still needs 5 days. a week therapy, because their skilled need isn't related to the emergency. That said, consider this scenario:
We have someone who was set to exhaust, was a complicated stroke and needed all 100 days of therapy and nursing. On day 95 came up COVID +. Do we have to stop skilling at day 100?
This is related to the emergency, you can start a new Day 1 of a new 100 days the day after exhaust.

3. We took over an abandoned SNF and those are now our beds under our provider number according to the state and CMS. We transferred our COVID + out there. Do I have to do anything with entries or discharges or MDS?

Answer: No you don't. It's a bed transfer from one certified bed that you own to another certified bed that you own. Just as if you moved them across the hall.

4. I know you said we can't check O0100M2, Isolation while a resident unless they were in a single room without a roommate. Are you kidding? That's not right.

Answer: I also think this stinks, but it's the only answer we have. CMS has not relaxed the rules for this. So, I am also going to share some other rules about coding isolation.
"Review the resident's medical record to determine whether or not the resident received or performed any of the treatments, procedures, or programs within the last 14 days."
This means it doesn't have to be the entire lookback. Any portion of it.If one person dies, the other one is in single room isolation until you get someone else in.
I hate this too.I know the folks at CMS in charge of this are very frustrated. They'd love to be able to put all all the FAQs we are having but that isn't possible now.

Final thoughts: This is a time when we are going to have to take actions in the absence of orders, regulations or guidance. When this happens to me, I judge my actions like this: Is this the next right thing for this resident? For this community? Will I be proud to defend my decision when this is over? If so, I move forward. If not, I do not. Thank you for your bravery and dedication.

My number is 909-800-9124, many hundreds have texted since Volume One. If I can help I will.

-Judy

Judy Wilhide Brandt, RN, BA, RAC-MTA, CPC, QCP, DNS-CT
judy@judywilhide.com