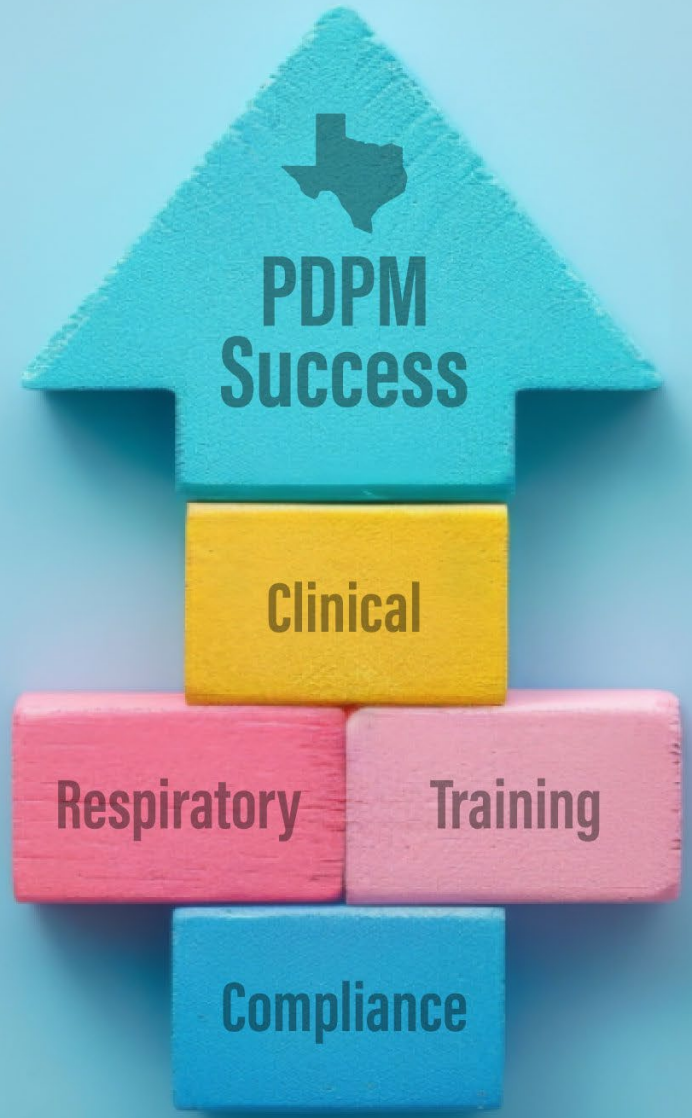
FREE WEBINAR

Building Blocks of Texas PDPM

Crafting Your Clinical Foundation for Success

TUE, JUN 17 | 1 PM CT



SKILLED NURSING

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Texas Medicaid Coalition

Your Experts

Robert Douglas

VP, Revenue Integrity

Cross Healthcare Management

Lori Nabors

Director of Revenue Integrity & MDS Reimbursement

Four Cooks Senior Care

Albert Hoak

President/CEO

Aussie² Squared Consulting

Ethan Tayne

Quality Improvement Consultant

Attendee poll

Under the new Texas PDPM LTC model, which clinical program is likely to have the greatest impact – both clinically and financially – for most facilities?

- Implementing a Respiratory Therapy Program
- Starting an IV Therapy Program
- Focusing on coding medical conditions as NTAs
- Obtaining accurate assessments on cognitive status

Texas Medicaid Coalition (TMC)

Introduction

- Established in 2013, Texas Medicaid Coalition (TMC) unites providers, stakeholders, and policymakers to navigate Medicaid regulations and advocate for sustainable solutions.

Advocacy

- Engage with state agencies to influence policy, ensure provider stability, and promote fair implementation, oversight, and review of payment processes.

Mission Statement

- To advocate for sustainable Medicaid reimbursement, collaborate with experts and state agencies to enhance regulatory understanding, and partner with professional organizations and other entities to strengthen advocacy, find solutions, and improve outcomes.

Membership

- Free to join, TMC will be offering quarterly calls for updates. Registration link will be provided in the chat section of this call.

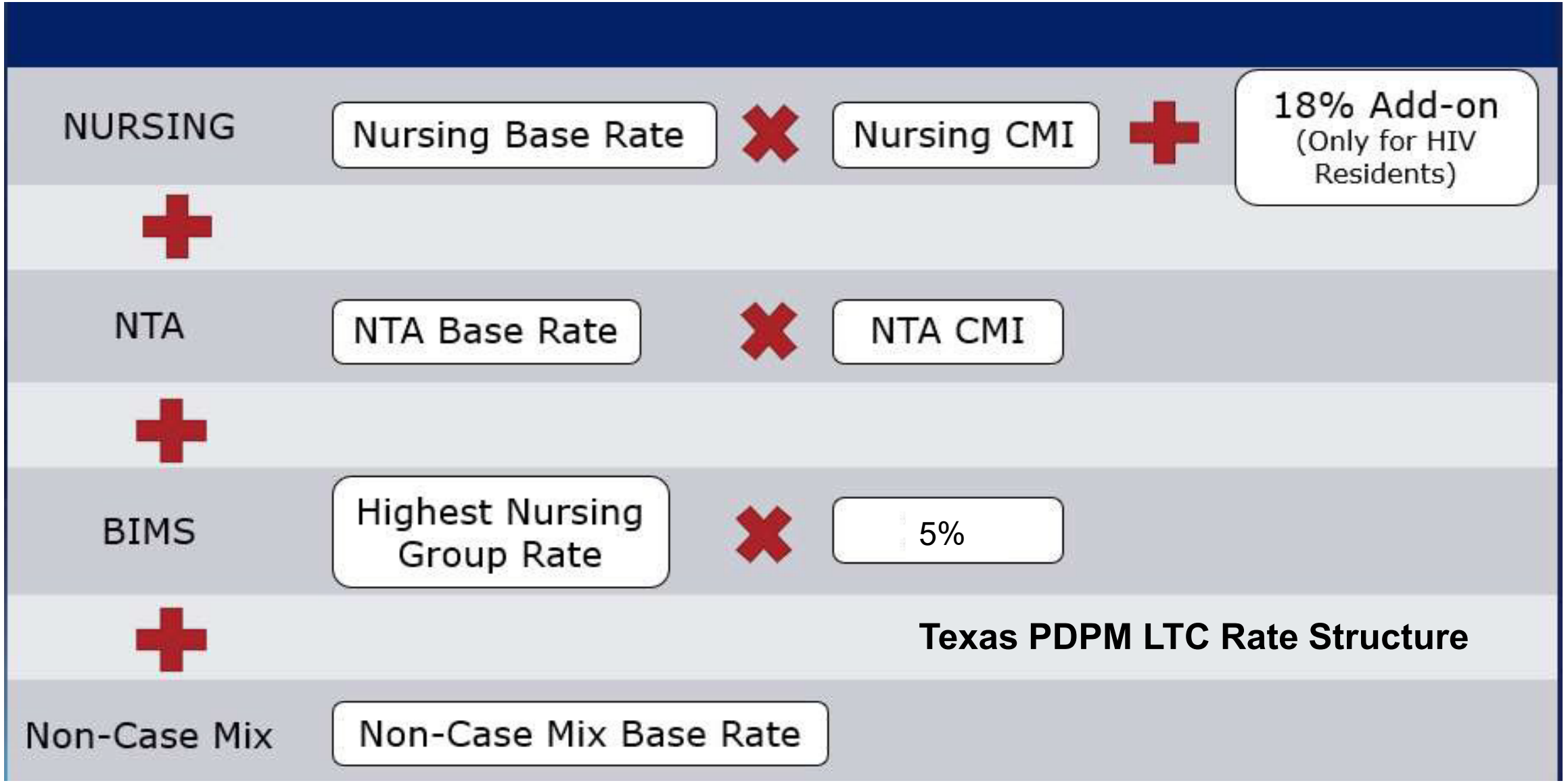
Part 1 Recap

Understanding the Texas Medicaid PDPM LTC Structure

- PDPM structure and payment components
- Resident traits drive payment classification
- Rationale for Texas and CMS moving to PDPM model
- Importance of a standardized respiratory therapy program
- TMC-certified RT training produced by Carebility

Learning Objectives – Clinical Framework

Describe	Outline	Determine
Key Concepts of PDPM LTC Clinical Framing	Preparation for PDPM LTC Transition	Components Texas PDPM LTC



Texas PDPM LTC Rate Structure

Clinical Framing

- Texas PDPM LTC is framed using a Clinical Model that removes the PT, OT, and SLP components from the rates
- Texas will use the Medicare PDPM Nursing Grouper and NTA – Non-Therapy Ancillaries along with a BIMS and an HIV Add On
- Clinically framing facility of programs and practices to capture interventions and documentation of each resident's clinical profile is essential for supporting PDPM outcomes in long-term care


Clinical Frames
Isolation
Active
Infection
Single Room
IV Hydration
Hypodermoclysis
Parental
Respiratory Therapy
Interventions
HHN
Incentive Spirometry
Infections
IV ABT
COPD
SOB while lying flat
Respiratory
Assessment

Tap Into Your Hidden NTA Potential

There are 50 conditions and extensive services used to calculate into the NTA.
The CMS NTA Mapping Tool has 2,148 Diagnosis Codes of Selection.
NTA Captures interventions and clinical conditions to earn points.

These conditions and services are pulled from:

- **ICD-10 diagnosis codes** (Section I – I8000)
- **Service-related items** (like IV medications, Isolation , etc.)

Resources and Tools

- CMS NTA Mapping
  - https://www.cms.gov/medicare/payment/prospective-payment-systems/skilled-nursing-facility-snf/patient-driven-model
- SimpleLTC Diagnosis Explorer
- Medicare PDPM Grouper (NTA)

PDPM LTC Preparation Diagnosis Review for NTA

- A **single diagnosis can have many different ICD-10 codes** because the **ICD-10 system** has **detailed and specific** codes designed to reflect **very specific variations** of a condition therefore each variation gets its own unique code.
- To capture NTA points current diagnosis may need to be updated to more specific codes to map to an NTA category .
- A complete review of current Diagnosis is a preparation task that my need physician review to update the assigned ICD-10 codes to specific codes that defines the clinical status specifically.

Types of Obesity

PDPM LTC Preparation Chart review conducted review of current Diagnosis

E66.9 is assigned 0 NTA points in review BMI is 43.4 the appropriate ICD-10 Code is Z68.441 BMI 40.0-44.9

PDPM LTC NTA Points - Groups

Group 1	Group 2	Group 3
9+ Points	3-8 Points	0-2 Points

Texas PDPM LTC Payment Groups

Nursing Group		NTA Group		BIMS Group		HIV/AIDS Add On		Non-Case Mix
E	Extensive Services	1	9+	Y	Severe Cognitive Impairment	Y	Claims	Paid to All
H	Special Care High	2	3-8	X	Cognitive Impairment Not Severe	X		
L	Special Care Low	3	0-2					
C	Clinical Complex							
P	Reduced Physical Function							
B	Behavioral and Cognitive Symptoms							

72 Possible Combinations

Resident captured 7 Days of Incentive Spirometer , NTA captured 10 points , and did not have a cognitive or HIV

PDPMLTC = H1X

A PDPM LTC Worksheet will be available late Summer

BIMS

BIMS- Severe Cognitive Impairment captures 5% of the CMI

C0500 (BIMS resident interview = 99 or blank, meaning the patient could not complete the interview or the interview was not done) **AND:** B0100 Comatose = 1 (meaning in a coma)

OR:

C1000 Impaired cognitive skills = 3 (meaning the patient has severely impaired cognitive skills)

Interview Process well documented of the date the interview was conducted

****** ***We anticipate an update to the BIMS scores of capturing the Add On***

HIV/AIDS 18% Add On

HIV/AIDs Must meet the RAI Criteria and is a confidential Dx in Texas that cannot be coded on the MDS

RAI Criteria Section I:

- Physician Documented in the 60-day look back
- Active in the 7-Day look back
- Must be added to the Claim to receive the additional payment

***** ***Consider a process to validate with billing the B20 is documented as Active and meets criteria to add to the Claim***

Build Your framework

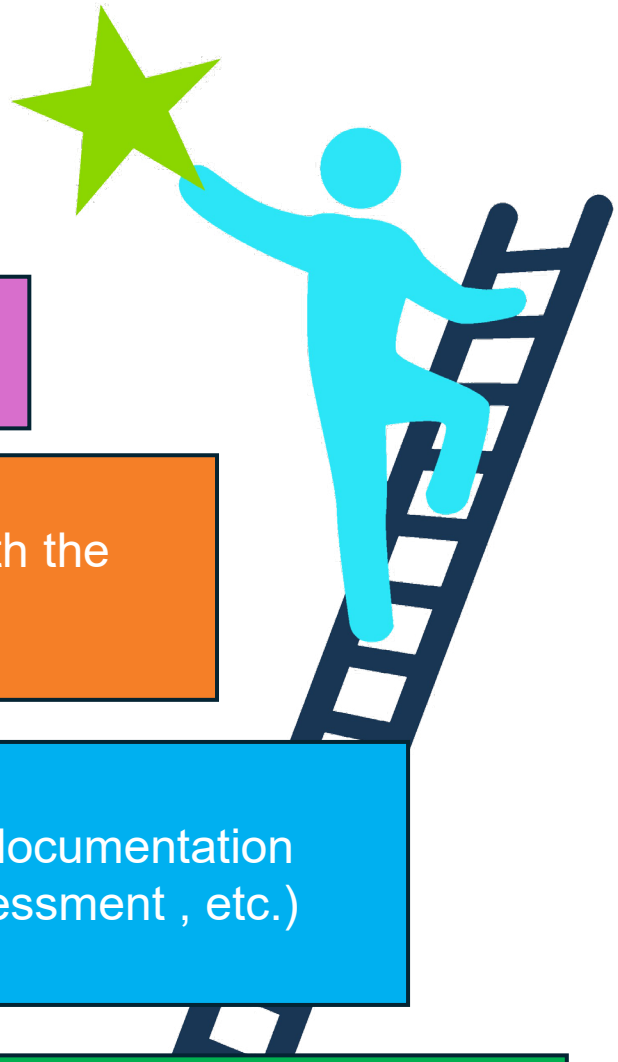
Section GG IDT Process

Implementation of clinical programs

Review and update Diagnosis to align with the PDPM Mapping

Evaluate current order Templates and structured documentation forms (Malnutrition Risk Assessments, Resp Assessment , etc.)

Evaluate and strengthen Physician Relationships and practices to obtain Physician Diagnosis reviews and documentation to support the Active status in the look back



PDPM LTCMI Transition

On Sept. 1, 2025, the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care (LTC) Online Portal (LTCOP) will transition from RUGIII to PDPM LTC Model.

Transition Details:

- The RUGIII will continue to pay on the MESAV after 9/1 until the next OBRA MDS/LTCMI is completed.
- TMHP will use the ARD to determine which methodology to apply. ARD 8/31/2025 and prior will be a RUGIII.
- The LTCMI for PDPMLTC will be updated to remove item sets that are no longer valid and items that are duplicate from the MDS implementation date to remove the items may not occur until after the transition however data elements not needed may be grayed out until the LTCMI form can be fully revised.

Texas HHS PDPM LTC Website

https://pfd.hhs.texas.gov/long-term-services-supports/nursing-facility/patient-driven-payment-model-long-term-care-rate-setting-methodology-nursing-facilities

Webinar: Overview of the Proposed Nursing Facility Patient Driven Payment Long-Term Care (PDPM LTC) Rate Methodology.

View the April 12, 2024 Webinar Recording (.wmv)

View the April 12, 2024 Webinar Presentation (.pdf)

PDPM LTC Overview 4-12-24 Webinar-FAQ (.pdf)

Texas HHS Provider Finance

Payment Rate Information

Effective September 1, 2025 (.pdf)

Effective September 1, 2023 (.pdf)

Effective June 10, 2023-August 31, 2023 (.pdf)

https://pfd.hhs.texas.gov/long-term-services-supports/nursing-facility-nf

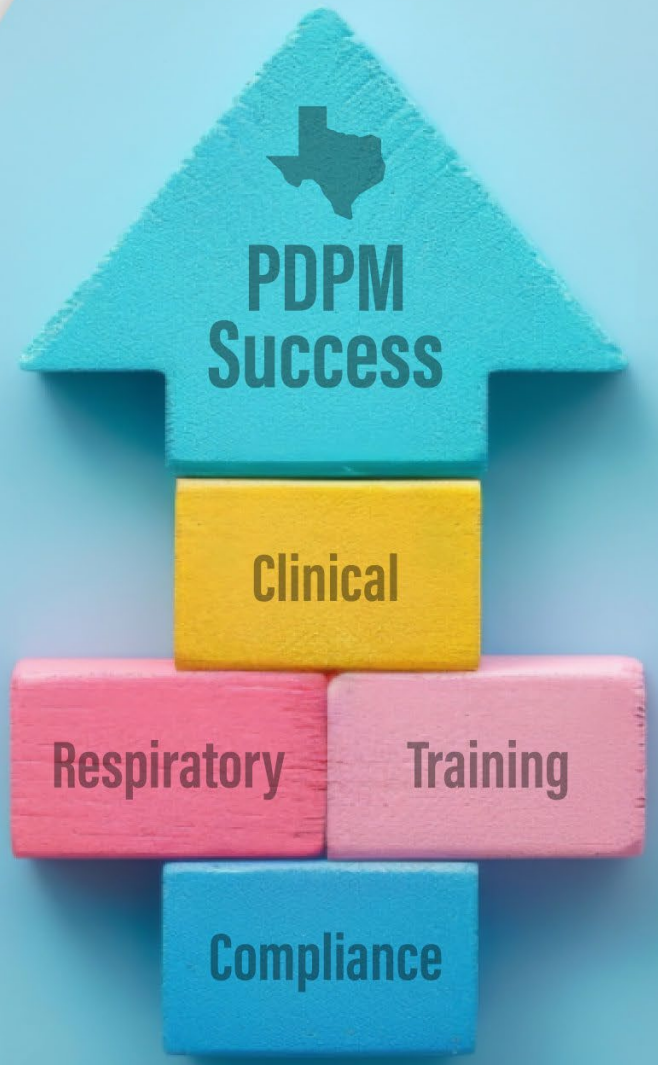
Texas Nursing Facility (NF) Medicaid Rates
New Payment Rates Effective September 1, 2025

PDPM Group	Bill Code *	Service Group	Service Code	Unit	Nursing rate component	NTA rate component	Non-Case Mix rate component **	BIMS rate component (5% of the highest Nursing Group rate)	Total Rate, effective 9/1/2025 ***
B1X	PD005	1	1	1 day	$ 93.86	$ 14.78	$ 51.89	$ -	$ 160.53
B1Y	PD023	1	1	1 day	$ 93.86	$ 14.78	$ 51.89	$ 12.16	$ 172.69
B2X	PD011	1	1	1 day	$ 93.86	$ 7.73	$ 51.89	$ -	$ 153.48
B2Y	PD029	1	1	1 day	$ 93.86	$ 7.73	$ 51.89	$ 12.16	$ 165.64
B3X	PD017	1	1	1 day	$ 93.86	$ 4.72	$ 51.89	$ -	$ 150.47
B3Y	PD035	1	1	1 day	$ 93.86	$ 4.72	$ 51.89	$ 12.16	$ 162.63
C1X	PD004	1	1	1 day	$ 102.23	$ 14.78	$ 51.89	$ -	$ 168.90
C1Y	PD022	1	1	1 day	$ 102.23	$ 14.78	$ 51.89	$ 12.16	$ 181.06
C2X	PD010	1	1	1 day	$ 102.23	$ 7.73	$ 51.89	$ -	$ 161.85
C2Y	PD028	1	1	1 day	$ 102.23	$ 7.73	$ 51.89	$ 12.16	$ 174.01
C3X	PD016	1	1	1 day	$ 102.23	$ 4.72	$ 51.89	$ -	$ 158.84
C3Y	PD034	1	1	1 day	$ 102.23	$ 4.72	$ 51.89	$ 12.16	$ 171.00
E1X	PD001	1	1	1 day	$ 243.18	$ 14.78	$ 51.89	$ -	$ 309.85
E1Y	PD019	1	1	1 day	$ 243.18	$ 14.78	$ 51.89	$ 12.16	$ 322.01
E2X	PD007	1	1	1 day	$ 243.18	$ 7.73	$ 51.89	$ -	$ 302.80
E2Y	PD025	1	1	1 day	$ 243.18	$ 7.73	$ 51.89	$ 12.16	$ 314.96
E3X	PD013	1	1	1 day	$ 243.18	$ 4.72	$ 51.89	$ -	$ 299.79
E3Y	PD031	1	1	1 day	$ 243.18	$ 4.72	$ 51.89	$ 12.16	$ 311.95
H1X	PD002	1	1	1 day	$ 147.38	$ 14.78	$ 51.89	$ -	$ 214.05
H1Y	PD020	1	1	1 day	$ 147.38	$ 14.78	$ 51.89	$ 12.16	$ 226.21
H2X	PD008	1	1	1 day	$ 147.38	$ 7.73	$ 51.89	$ -	$ 207.00
H2Y	PD026	1	1	1 day	$ 147.38	$ 7.73	$ 51.89	$ 12.16	$ 219.16
H3X	PD014	1	1	1 day	$ 147.38	$ 4.72	$ 51.89	$ -	$ 203.99
H3Y	PD032	1	1	1 day	$ 147.38	$ 4.72	$ 51.89	$ 12.16	$ 216.15
L1X	PD003	1	1	1 day	$ 122.91	$ 14.78	$ 51.89	$ -	$ 189.58
L1Y	PD021	1	1	1 day	$ 122.91	$ 14.78	$ 51.89	$ 12.16	$ 201.74
L2X	PD009	1	1	1 day	$ 122.91	$ 7.73	$ 51.89	$ -	$ 182.53
L2Y	PD027	1	1	1 day	$ 122.91	$ 7.73	$ 51.89	$ 12.16	$ 194.69
L3X	PD015	1	1	1 day	$ 122.91	$ 4.72	$ 51.89	$ -	$ 179.52
L3Y	PD033	1	1	1 day	$ 122.91	$ 4.72	$ 51.89	$ 12.16	$ 191.68
P1X	PD006	1	1	1 day	$ 76.51	$ 14.78	$ 51.89	$ -	$ 143.18
P1Y	PD024	1	1	1 day	$ 76.51	$ 14.78	$ 51.89	$ 12.16	$ 155.34
P2X	PD012	1	1	1 day	$ 76.51	$ 7.73	$ 51.89	$ -	$ 136.13
P2Y	PD030	1	1	1 day	$ 76.51	$ 7.73	$ 51.89	$ 12.16	$ 148.29
P3X	PD018	1	1	1 day	$ 76.51	$ 4.72	$ 51.89	$ -	$ 133.12
P3Y	PD036	1	1	1 day	$ 76.51	$ 4.72	$ 51.89	$ 12.16	$ 145.28
PCE	PD038	1	1	1 day	$ 76.51	$ 4.72	$ 51.89	$ -	$ 133.12
Z01	PD037	1	1	1 day	$ 76.51	$ 4.72	$ 51.89	$ -	$ 133.12

Maintaining a

Compliant Respiratory Therapy Program

What it takes



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Learning Objectives – Respiratory Therapy

Coding Convention	Best Practices	Training Requirement
Learn how to accurately code respiratory therapy on the MDS	Understand Clinical Best Practices of a Respiratory Therapy Program	Learn how to maintaining a compliant training program

Respiratory Therapy: A High-Impact Clinical Strategy

- Qualifies under **Special Care High** nursing category (≥15 min/day for 7 days) + (GG Function Score must be ≤14)
- Up to **50% of residents** may meet criteria with chronic, acute, or shallow breathing issues
- Drives both clinical value and Medicaid reimbursement
- Aligns with PDPM's shift to clinically complex, acuity-driven care

MDS Coding Convention: Claiming RT

Medical Necessity
Services must be reasonable and necessary for the resident's condition.

Evaluation by Qualified Personnel
Initial evaluation must be completed by a respiratory therapist or trained respiratory nurse.

Treatment Plan Based on Evaluation
A written treatment plan must be developed based on the initial evaluation.

Physician Order with Specifics
RT must be ordered by a physician and include modality, frequency, duration, and scope.

Provided by Qualified Personnel
Therapy must be administered by a respiratory therapist or a nurse specifically trained in respiratory therapy.

MDS Coding: Minutes That Count

- Resident evaluation/assessment by qualified personnel
- Treatment administration
- Monitoring during treatment
- Setup and removal of treatment equipment

MDS Coding: Minutes That Do Not Count

- Resident self-administered nebulizers without supervision
- Documentation time
- Initial evaluation not delivered by qualified personnel

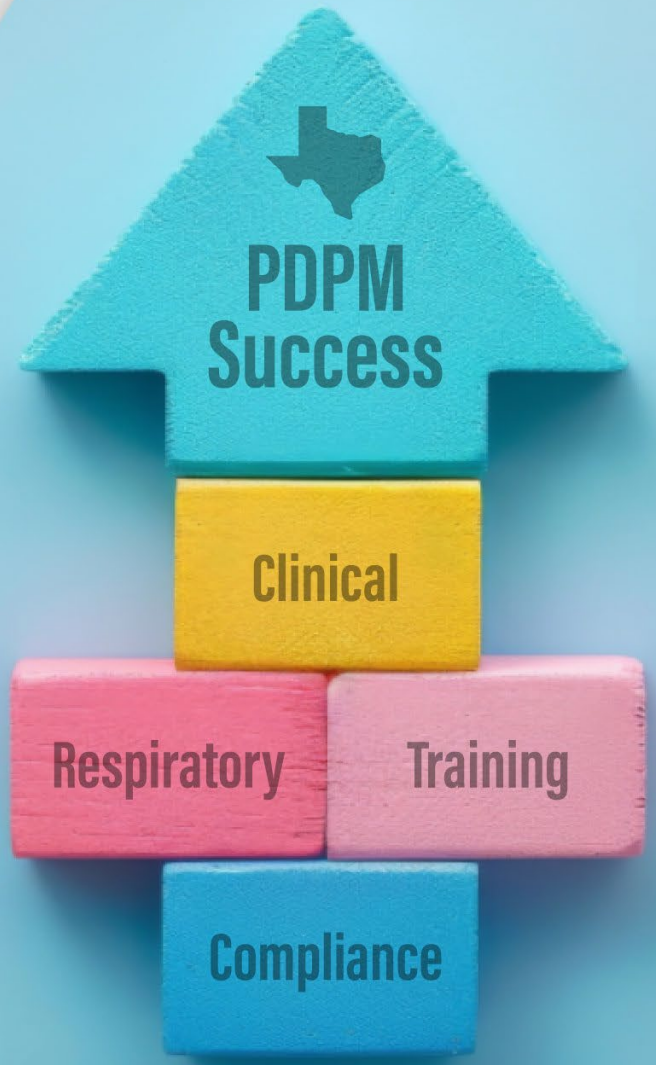
Best Practices for Respiratory Therapy

Implement	**Implement Evidence-Based Practice (EBP):** Use current research to guide high-quality, comprehensive respiratory therapy services.
Establish	**Establish Structured Training Programs:** Provide standardized education for essential staff across all shifts, including annual skills assessments to maintain competency.
Reinforce	**Reinforce Clinical Systems Support:** Ensure respiratory therapy integration aligns with key facility systems such as infection control, medication management, and interdisciplinary communication.
Foster	**Foster Core Values in Care Delivery:** Emphasize care, compassion, competency, communication, courage, and commitment in every aspect of respiratory therapy.
Maintain	**Maintain Strong Documentation Standards:** Accurately document evaluations, treatment plans, session minutes, and outcomes to support compliance and reimbursement.

Maintaining a

Compliant Respiratory Therapy Training Program

What it takes



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Clinical Services Depend on **Qualified Staff**

Respiratory therapy is a high-impact service under PDPM and Texas Medicaid.

But services must be:

- **Clinically appropriate** – with established medical necessity
- **Properly documented** – according to RAI guidelines
- **Delivered by qualified staff** – trained by a Registered Respiratory Therapist (RRT)

Key **Training** Requirements

To remain compliant, your program must ensure:

- All staff administering therapy are **trained in each modality** they provide
- Training is delivered or validated by a **credentialed RRT**
- You can produce **successful completion of training** upon request

Possible **Approaches**

Every approach must answer:

Are **all** nurses administering therapy trained in **each** modality?

Was the training delivered or overseen by an **RRT**?

Do we have current **records** of completed training?

Can we maintain our approach across shifts, staff changes, and audits?

Periodic **In-Person Training** with an RRT

Certification of instructor is given but logistics are challenging.

Requires you to ensure full coverage despite **turnover** and **shift** coverage.

Needs **relationship** and **coordination** with an RRT to deliver training.

Can be difficult to **maintain** up to date **records** of in-person events.

In most cases, this is the most expensive option.

Internally Developed Program

More flexible training logistics but difficult to ensure compliance.

Requires ongoing **validation** and **compliance** with state regulations.

Must verify content is **informed** by RRT and covers all **modalities**.

Record of **training** must be internally maintained.

Cost can be high to maintain.

Online Learning Platform

On-demand training and simple reporting but must be validated.

Must scale to **all nursing staff** to ensure full coverage.

Content must be **informed** by RRT and cover all **modalities**.

Must provide accessible record of **training**.

A **Tailored Texas** Solution

Carebility Respiratory Therapy Certification Program was developed in partnership with TMC and Al Hoak, RRT, and in consultation with HHSC Policy and the Office of Inspector General (OIG).

- Covers MDS-reportable **modalities**
- Developed with **credentialed RRT**
- **Automatic tracking** to verify training and competency
- **No per seat pricing** to scale with your staffing needs
- Training on **proper documentation** for Texas

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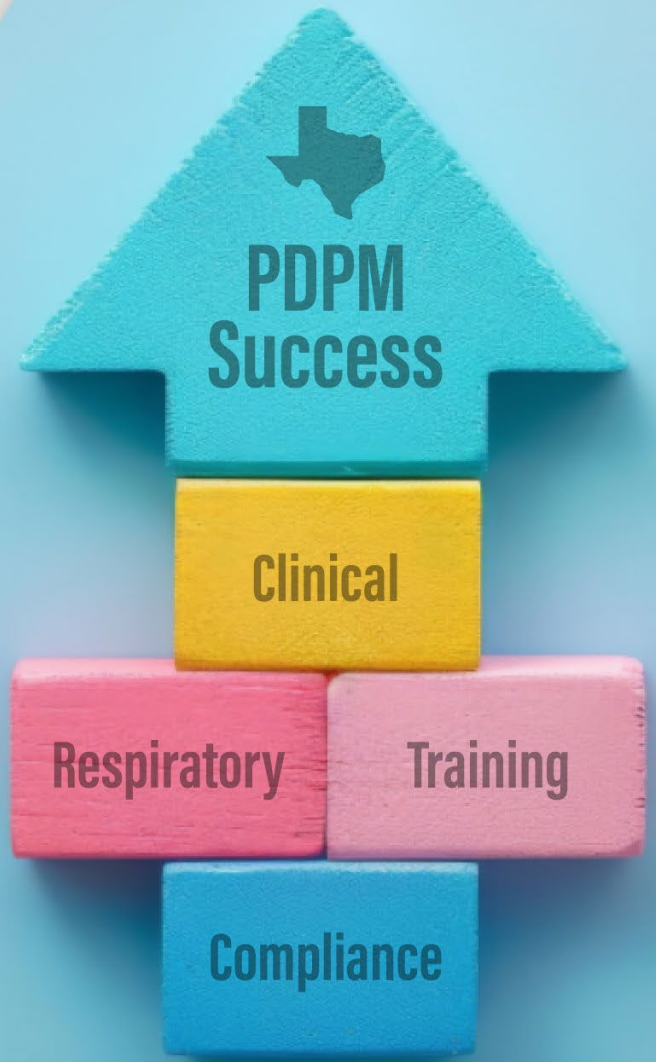
Staying Current with

Regulatory updates: Texas PDPM LTC



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Regulatory Updates: Texas PDPM LTC

HHSC Provider Finance: Updated Medicaid rates will be posted soon

HHSC Provider Finance (Tentative): Considering adding a cognitive qualifier (BIMS score of 0–7) in addition to **Severely Impaired** criteria — no final decision yet

TMC, OIG, and HHSC Policy: Ongoing collaboration to clarify documentation expectations, especially regarding **GG scoring** and other areas new to Utilization Review (UR)

HHSC Policy (LTCMI Update):

- All RUG-related items on the LTCMI form will be **greyed out** after 9/1 transition
- HHSC has agreed to **streamline the LTCMI**, removing redundant and unnecessary clinical items — changes will occur **after** PDPM implementation

TMC & State Agencies: Additional meetings planned to address provider concerns and support a successful transition

RUG Certification & PDPM Transition (HHS Policy & OIG)

PDPM LTC replaces RUG methodology effective **Sept. 1, 2025**, following CMS guidelines

New training content and platform will be available **by Sept. 1, 2025**, at **no cost**

Certification grace period: Those expiring between Sept. 1–Nov. 30, 2025, have until **Nov. 30** to complete the updated training

RUG Certification Training via Texas State University will end **June 16, 2025**

June 16–Aug. 31, 2025: Assessors must submit a form on the TXST site to maintain certification status

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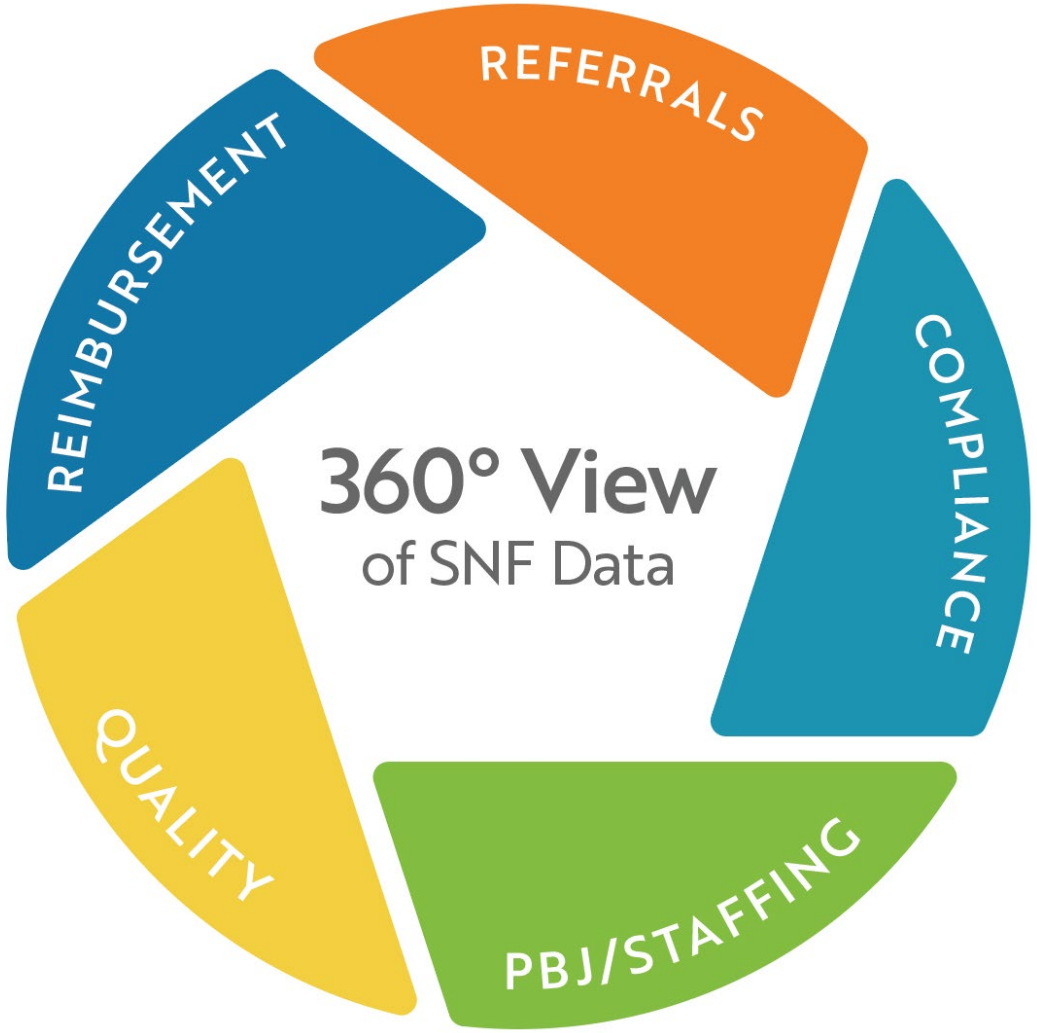


MDS predictive analytics.

Optimize PDPM, Five-Star/QMs and iQIES workflow

PBJ and staffing.

Simplify Payroll-Based Journal and staffing strategy

Referrals and reimbursement.

Build census and optimize claims revenue in real-time

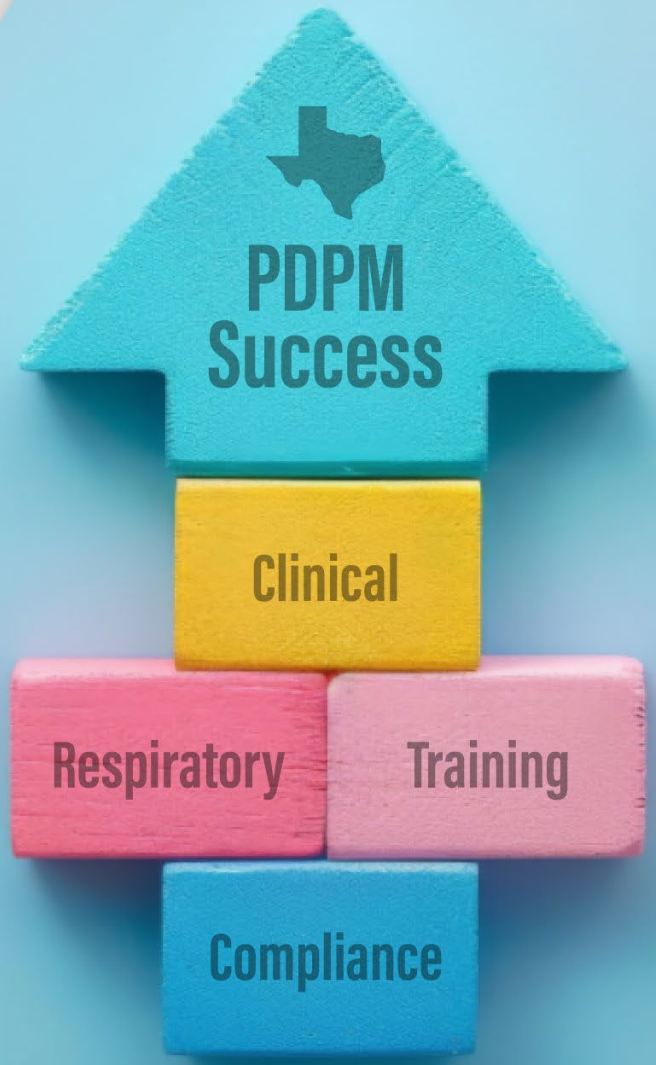
QIPP Year 8 performance.

Track metrics in real-time against QIPP performance metrics

Scan code or visit simpleltc.com/demo to get started

Q&A

Building Blocks of Texas PDPM



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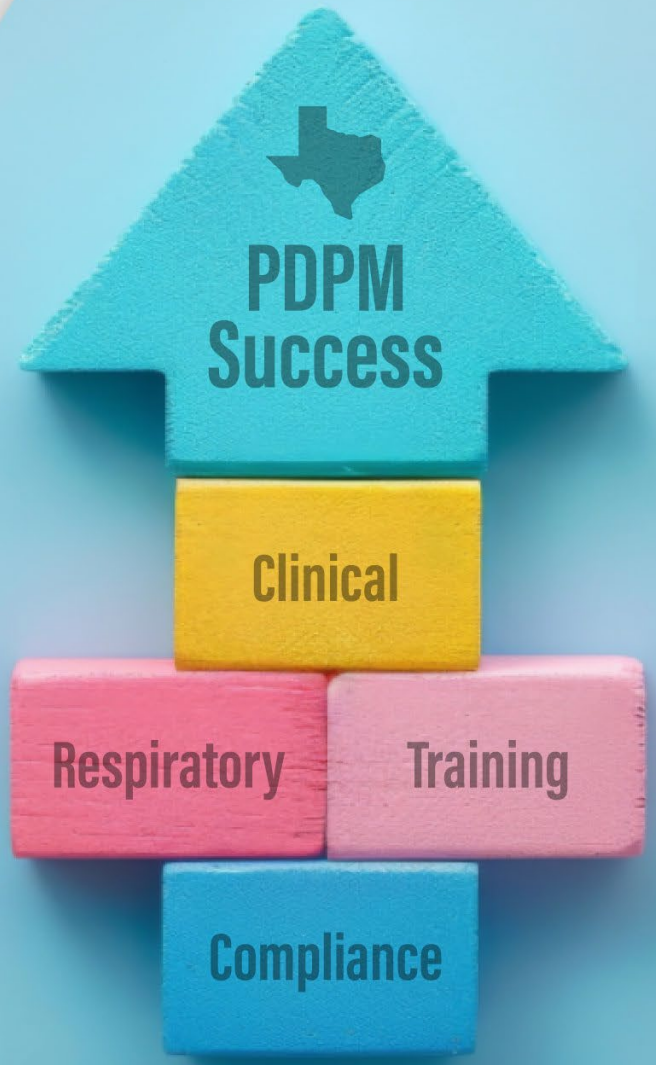
Thanks for joining us!

Recording/slides will be available at:

simple.health/blog



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