

PDPM

PATIENT DRIVEN PAYMENT MODEL

SPEECH LANGUAGE PATHOLOGY

(SLP)

Several thin, white, parallel diagonal lines are located in the bottom right corner of the slide, extending from the right edge towards the center.

REQUIREMENTS FOR THIS TRAINING...

- Please ensure you are in a **quiet, uninterrupted space** — Today's material is **specific to North Dakota** and involves **critical reimbursement changes** effective **January 1, 2026.**
- On **1/1/2026**, all **North Dakota SNFs** will transition from the **RUGs payment methodology** to the **PDPM methodology**, which includes:
 - SLP (Speech Language Pathology) =20% of payment
 - NTA (Non-Therapy Ancillary) =20% of payment
 - Nursing Component =60% of payment

- ▶ - Understand the role of SLP in the PDPM payment model.
- ▶ - Identify MDS items that drive SLP classification.
- ▶ - Recognize qualifying SLP conditions and services.
- ▶ - Apply knowledge to resident case scenarios.
- ▶ - Promote accurate documentation and IDT collaboration.
- ▶ - Ensure compliance and reimbursement accuracy.

LEARNING OBJECTIVES

- ▶ - PDPM = Patient Driven Payment Model
- ▶ - North Dakota uses 3 Case-Mix Components:
 - ▶ 1. SLP (Speech-Language Pathology)
 - ▶ 2. Nursing
 - ▶ 3. NTA (Non-Therapy Ancillary)
- ▶ - Replaces RUG-IV system and the SLP will account for 20% of your daily reimbursement for each resident in your facility.

PDPM SLP OVERVIEW

- ▶ - Based on clinical characteristics, not therapy minutes
- ▶ - Captures speech, language, swallowing, and cognitive needs
- ▶ - 12 SLP Case-Mix Groups: SA to SL

SLP COMPONENT BASICS

- ▶ - Section B/C: Cognitive status (BIMS or Staff Assessment)
- ▶ - Section I: Active Diagnoses (SLP-related conditions)
- ▶ - Section K: Swallowing disorders, altered diets
- ▶ Section O: Special Treatments -respiratory treatments

MDS SECTIONS DRIVING SLP

Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case-Mix Group	HIPPS Character
None	Neither	SA	A
None	Either	SB	B
None	Both	SC	C
Any one	Neither	SD	D
Any one	Either	SE	E
Any one	Both	SF	F
Any two	Neither	SG	G
Any two	Either	SH	H
Any two	Both	SI	I
All three	Neither	SJ	J
All three	Either	SK	K
All three	Both	SL	L

RAI MANUAL- CHAPTER 6,
PAGE 6-5

- ▶ Triggered by the ICD-10 code in I0020B that maps to an Acute Neurologic Condition
 - ▶ Be aware of your default diagnosis selections. If a related surgical procedure occurred during the prior inpatient stay, as indicated in **J2100**, the system may instead assign the resident to a surgical clinical category
 - ▶ <https://www.cms.gov/medicare/payment/prospective-payment-systems/skilled-nursing-facility-snf/patient-driven-model>

ACUTE NEUROLOGIC CONDITION (SECTION I)

- ▶ I4300 Aphasia
- ▶ I4500 CVA, TIA, or Stroke
- ▶ I4900 Hemiplegia or Hemiparesis
- ▶ I5500 Traumatic Brain Injury
- ▶ I8000 Laryngeal Cancer
- ▶ I8000 Apraxia
- ▶ I8000 Dysphagia
- ▶ I8000 ALS
- ▶ I8000 Oral Cancers
- ▶ I8000 Speech and Language Deficits
- ▶ <https://www.cms.gov/medicare/payment/prospective-payment-systems/skilled-nursing-facility-snf/patient-driven-model>

QUALIFYING SLP COMORBIDITIES (SECTION I CONT.)

- ▶ O0110E1b Tracheostomy Care While a Resident
- ▶ O0110F1b Invasive Mechanical Ventilator or Respirator While a Resident

QUALIFYING SLP
DIAGNOSES/COMORBIDITIES
(SECTION O)

A series of several parallel white diagonal lines of varying lengths, located in the bottom right corner of the slide, extending from the right edge towards the center.


- ▶ - BIMS Score:
 - ▶ (-)= Severely Impaired
 - ▶ 0-7=Moderately Impaired
 - ▶ 8-12 = Mildly Impaired
 - ▶ 13-15= Cognitively Intact
- ▶ - Staff Assessment: Refer to page 6-12 & 6-13 of RAI for specific steps on determination for staff assessment indicated below.
 - ▶ Severely Impaired
 - ▶ Moderately Impaired (if Severe impairment count is 1 or 2 and the basic impairment count is 2 or 3)
 - ▶ Mildly Impaired (if Basic impairment count is 1 and the Severe Impairment count is 0, 1, or 2 or if the Basic Impairment Count is 2 or 3 and the Severe Impairment Count is 0)
 - ▶ Cognitively Intact if both Severe and Basic impairment count is 0

COGNITIVE IMPAIRMENT (SECTION B/C)

- ▶ -Loss of liquids/solids from mouth when eating or drinking
- ▶ -Holding food in mouth/cheeks or residual food in mouth after meals
- ▶ -Coughing or choking during meals or when swallowing medications
- ▶ -Complaints of difficulty or pain with swallowing

SWALLOWING DISORDERS (SECTION K0100 A-D)

MECHANICALLY ALTERED DIET (SECTION K0520C)

- ▶ - Pureed foods
 - ▶ - Ground/chopped meats
 - ▶ - Thickened liquids
 - ▶ - Soft Solids
- 
- A series of several thin, white, parallel diagonal lines extending from the bottom right corner towards the center of the slide.

<u>Presence of Acute Neurologic, SLP Comorbidity, Cognitive Impairment</u>	<u>Mechanically Altered Diet or Swallowing Disorder</u>	<u>SLP Case-Mix Group</u>	<u>PDPM Group</u>	<u>CMI</u>
None	Neither	SA	A	0.64
None	Either	SB	B	1.72
None	Both	SC	C	2.52
Any one	Neither	SD	D	1.38
Any one	Either	SE	E	2.21
Any one	Both	SF	F	2.82
Any two	Neither	SG	G	1.93
Any two	Either	SH	H	2.70
Any two	Both	SI	I	3.34
All three	Neither	SJ	J	2.83
All three	Either	SK	K	3.50
All three	Both	SL	L	3.98

RAI-
CHAPTER 6,
PAGE 6-28
(ND CMI VALUES ADDED)

- ▶ Sally is a 85-year-old female admitted to the SNF with a primary diagnosis of Multiple Sclerosis(G35). She is very forgetful and has a BIMS score of a 2 indicating she is moderately impaired. As a result of her MS, she gets very tired and often has a hard time swallowing her food and has been diagnosed with aphagia(I69.820). As a result of her inability to swallow, ~~and~~ she often coughs. She is currently ordered to have pureed meats with thickened liquids.
- ▶ What is the SLP CMG? Why?

CASE SCENARIO EXERCISE #1

Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case-Mix Group	HIPPS Character
None	Neither	SA	A
None	Either	SB	B
None	Both	SC	C
Any one	Neither	SD	D
Any one	Either	SE	E
Any one	Both	SF	F
Any two	Neither	SG	G
Any two	Either	SH	H
Any two	Both	SI	I
All three	Neither	SJ	J
All three	Either	SK	K
All three	Both	SL	L

RAI MANUAL- CHAPTER 6,
PAGE 6-5

- ▶ 1. Multiple Sclerosis-1
- ▶ 2. Cognitively impaired-1
- ▶ 3. Comorbidity of aphagia-1

3

- ▶ 1. Swallowing impairments-1
- ▶ 2. Mechanically altered diet-1

2

<u>Presence of Acute Neurologic, SLP Comorbidity, Cognitive Impairment</u>	<u>Mechanically Altered Diet or Swallowing Disorder</u>	<u>SLP Case-Mix Group</u>	<u>PDPM Group</u>	<u>CMI</u>
All three	Both	SL	L	3.98

SALLY IS AN 85-YEAR-OLD FEMALE

- ▶ Josh is a 56-year-old male admitted to the SNF with a primary diagnosis of concussion and edema of lumbar spinal cord, subsequent encounter (S34.01XD) . He is very forgetful and has a BIMS score of a 3 indicating he is moderately impaired. As a result of his forgetfulness, he normally eats whatever he wants but does not appear to have any difficulty in doing so. He is currently on a regular diet with low sodium.
- ▶ What is the SLP CMG? Why?

CASE SCENARIO EXERCISE #2

Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case-Mix Group	HIPPS Character
None	Neither	SA	A
None	Either	SB	B
None	Both	SC	C
Any one	Neither	SD	D
Any one	Either	SE	E
Any one	Both	SF	F
Any two	Neither	SG	G
Any two	Either	SH	H
Any two	Both	SI	I
All three	Neither	SJ	J
All three	Either	SK	K
All three	Both	SL	L

RAI MANUAL- CHAPTER 6,
PAGE 6-5

- ▶ 1. Concussion and edema of lumbar spinal cord-0
- ▶ 2. Cognitively impaired-1
- ▶ 3. Comorbidity of none-0

1

- ▶ 1. Swallowing impairments-0
- ▶ 2. Mechanically altered diet-0

0

<u>Presence of Acute Neurologic, SLP Comorbidity, Cognitive Impairment</u>	<u>Mechanically Altered Diet or Swallowing Disorder</u>	<u>SLP Case-Mix Group</u>	<u>PDPM Group</u>	<u>CMI</u>
Any one	Neither	SD	D	1.38

JOSH IS A 56-YEAR-OLD MALE

ND CALCULATION=AKF

- ▶ (A) **SLP** = $0.64 \text{ CMI} \times 0.20 \text{ (20\%)} = 0.128 \text{ CMI}$
- ▶ (K) **NSG** = $1.35 \text{ CMI} \times 0.60 \text{ (60\%)} = 0.81 \text{ CMI}$
- ▶ (F) **NTA** 0 points = $0.68 \text{ CMI} \times 0.20 \text{ (20\%)} = 0.136 \text{ CMI}$
- ▶ $0.128(\text{SLP}) + 0.81(\text{NSG}) + 0.136(\text{NTA}) = \underline{\underline{1.07 \text{ overall CMI}}}$

ND CALCULATION=AKC

- ▶ (A) **SLP** = $0.64 \text{ CMI} \times 0.20 \text{ (20\%)} = 0.128 \text{ CMI}$
 - ▶ (K) **NSG** = $1.35 \text{ CMI} \times 0.60 \text{ (60\%)} = 0.81 \text{ CMI}$
 - ▶ (C) **NTA** 6 points = $1.74 \text{ CMI} \times 0.20 \text{ (20\%)} = 0.348 \text{ CMI}$
 - ▶ $0.128(\text{SLP}) + 0.81(\text{NSG}) + 0.348(\text{NTA}) = \underline{1.29 \text{ overall CMI}}$
-

DKC because you captured cognitive impairments:

- ▶ $D - 1.38 \times 0.20 = 0.276$
- ▶ $K - 1.35 \times 0.60 = 0.81$
- ▶ $C - 1.74 \times 0.20 = 0.348$

$0.276(\text{SLP}) + 0.81(\text{NSG}) + 0.348(\text{NTA}) = \underline{1.44 \text{ OVERALL CMI}}$ because you captured cognitive impairments

ND CALCULATION=BRD

- ▶ (B) **SLP** = $1.72 \text{ CMI} \times 0.20 \text{ (20\%)} = 0.344 \text{ CMI}$
- ▶ (R) **NSG** = $0.98 \text{ CMI} \times 0.60 \text{ (60\%)} = 0.588 \text{ CMI}$
- ▶ (D) **NTA** 5 points = $1.26 \text{ CMI} \times 0.20 \text{ (20\%)} = 0.252 \text{ CMI}$
- ▶ $0.344(\text{SLP}) + 0.588(\text{NSG}) + 0.252(\text{NTA}) = \underline{\underline{1.18 \text{ overall CMI}}}$

- ▶ - Missing or incorrect diagnoses
- ▶ - Not marking swallowing issues
- ▶ - Altered diets not supported
- ▶ - Cognitive scoring errors
- ▶ - Lack of documentation

COMMON ERRORS IN SLP CODING



- ▶ - Nursing: Completes & reviews MDS accurately
- ▶ - Therapy: Documents clinical findings
- ▶ - Dietitian: Records dietary changes
- ▶ - Social Service: Accurate Cognitive Assessments and timely documentation
- ▶ - Physician: Validates diagnoses
- ▶ - IDT: Cross-checks all sources

PROMOTING COLLABORATION

Several white lines of varying lengths and angles are positioned in the bottom right corner of the slide, creating a modern, abstract graphic element.

- ▶ - Use audit tools
- ▶ - Review supporting documentation
- ▶ - Triple-check before MDS submission
- ▶ - Educate IDT regularly

ENSURING COMPLIANCE

- ▶ - SLP classification is clinically driven
 - ▶ **20%** of your daily North Dakota payment
- ▶ - Accurate MDS coding is essential
- ▶ - Team collaboration ensures payment and care accuracy
- ▶ - Always document, review, and communicate

SUMMARY

QUESTIONS / DISCUSSION

