GREATER NEW YORK HEALTH CARE FACILITIES ASSOCIATION
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MEMO 24-09

To: Administrator, DNS, Medical Director, Corporate Compliance Officer, MDS Coordinator and QA Committee

From: **Mary Gracey-White RN, Director of Regulatory Compliance** and
Mary McGill RN, MSN, Regulatory Compliance Consultant

Date: March 27, 2024

Re: CMS Schizophrenia Audits

This memo is as a follow up to GNYHCFA Memo 24-06 regarding ongoing CMS Schizophrenia Audits. Facilities that originally declined the CMS audit indicating they would correct any documentation issues regarding the Dx of Schizophrenia and Schizoaffective disorder, are undergoing follow up audits to ensure corrections were made as per CMS memo QSO-23-05-NH The follow up audits have resulted in some facilities not passing the audit resulting in downgrading of overall 5 Star rating by 1 star.

We have and continue to recommend Facilities meet with the QA Team including the Medical Director, Psychiatrists(s), MDs Coordinators and IDT Team to ensure internal auditing has identified and corrected any issues for residents diagnosed with Schizophrenia. CMS has requested both comprehensive psychiatric as well as medical work up to ensure accuracy of diagnosis. Some of the issues have included psychiatric diagnosis varying during multiple psychiatric consultations without accurate documentation to support the change(s).

Diagnosis such as "Rule out", or "Likely" are not confirmatory diagnosis and thus would not be coded on the MDS. Psychiatrists in conjunction with Medical Director must ensure that DSM 5 criteria and professional standards are applied in diagnosing schizophrenia and schizoaffective disorder. We are including these criteria for ease of reference and sharing with Facility Team as indicated. In addition, we have posted a QAPI tool that may assist in the facility review process.

As per DSM 5 symptoms for Schizophrenia disorder need at least <u>two</u> of the following and one of them must be 1,2, or 3 during a one-month period and continuous signs of disturbance must persist for 6 months.

1. **Hallucinations**
2. **Delusions**
3. **Disorganized speech**
4. **Disorganized catatonic behavior**

5. **Negative symptoms reduced emotional expressions: loss of pleasure/ lack of motivation/avolition.**

Symptom of Schizoaffective Disorder must include at least 2 of the above criteria for Schizophrenia and these DSM-5 criteria:

1. **<u>A major mood disorder, either depression or mania that lasts for an uninterrupted period of time.</u>**
2. **Delusions or hallucinations for two or more consecutive weeks without mood symptoms sometime during the life of the illness.**
3. **Mood symptoms are present for the majority of illnesses.**
4. **The symptoms are not caused by substance use**

According to CMS the following are required to validate the diagnosis of schizophrenia/schizoaffective disorder:

Diagnostic Process/Documentation:

- The medical record must have sufficient documentation of behaviors in the six months prior to the diagnosis.
- The medical record must contain documentation of a comprehensive medical evaluation to exclude other medical conditions, which meets professional standards of practice, prior to establishing a new diagnosis of schizophrenia.

The medical record must contain documentation of a comprehensive psychiatric evaluation by a licensed practitioner, which meets professional standards of practice, prior to establishing a new diagnosis of schizophrenia. As an active diagnosis,

Best practice guidelines should include:

1. Psychiatrists are responsible to communicate to the PMD and DNS when and why they add a new diagnosis of Schizophrenia or schizoaffective disorder is documented on a resident.
2. Designation of The RNS and/or Social Worker to review all Psychiatric consults to identify any new diagnosis of Schizophrenia or schizoaffective disorder is added by the Psychiatrist.
3. When unable to meet all of the criteria for the diagnosis documentation that the resident presents with symptoms associated with Schizophrenia/Schizoaffective disorder and requires the use of anti-psychotics to control and treat symptoms however a confirmed diagnosis cannot be made due to unavailable mental health history then the coding Schizophrenia would not support accurate coding on the MDS
4. For new admissions with a diagnosis of schizophrenia need to obtain previous history of mental health issues to include age of onset obtained from medical records, resident or representative including documentation that representative/resident reported that inpatient psychiatric hospitalizations occurred in the past to diagnose and treat Schizophrenia.
5. Documentation that the illness interfered with their ability to maintain employment over a period of time.
6. Residents that have the diagnosis of schizophrenia after admission would require a comprehensive physical and psychiatric assessment that include the specific behaviors in

accordance with DSM 5. In addition, a review and confirmation of the new onset of a schizophrenia diagnosis, by the IDT Team and Medical Director

We have reached out to CMS regarding the audit process as well as IPRO and the NYMDA for input and awareness. If you have any additional questions or concerns, please contact the Association or forward them to the Division of Nursing Homes Behavioral Health Team via email at DNH_BehavioralHealth@cms.hhs.gov. We have also developed a QAPI tool that facilities can utilize that may assist in quality improvement.

RESOURCES:

Table 3.20, DSM-IV to DSM-5 Psychotic Disorders - Impact of the DSM-IV to DSM-5 Changes on the National Survey on Drug Use and Health - NCBI Bookshelf (nih.gov)

*National Alliance on Mental Illness (NAMI). "Schizophrenia." Accessed March 2, 2021. https://www.nami.org/Learn-More/Mental-Health Conditions/Schizophrenia *American Psychiatric Association. "Diagnostic and Statistical Manual of Mental Disorders Fifth Edition 2013