Welcome back to the fifth installment of the Countdown to PDPM. The series continues to build on prior postings on Patient Driven Payment Model (PDPM). If you missed any of those, or need to review, click here to access them.   In this session, we will take an overview of how the Speech-Language Pathology (SLP) component of the PDPM is calculated

The SLP component is determined using a combination of several factors. The presence of the Acute Neurologic clinical category, cognitive impairment, SLP-related comorbidity, swallowing disorders and, mechanically altered diets (MDS items K0100 and K0510C2) are all utilized to obtain the final SLP case-mix group and index.

There are many diagnoses which constitute the Acute Neurologic Clinical Category. CMS has made a mapping of ICD-10 Diagnosis Codes for FY 2019 available, which makes up the various Clinical Categories. Click here to download that file.

A resident's cognitive status is assessed using the Brief Interview for Mental Status (BIMS). The BIMS Summary Score is found under MDS item C0500. When the BIMS cannot be completed, the Staff Assessment for Mental Status (MDS C0700-C1000) is conducted and scored per RAI instructions.   If neither the BIMS nor the Staff Assessment are completed, a PDPM cognitive level will be assigned as Cognitively Intact. Please refer to the PDPM Functional and Cognitive Scoring Fact Sheet for additional information regarding the determination of Cognitive Levels.

PDPM Cognitive Score Classification Methodology

PDPM Cognitive Level	BIMS Score	Staff Assessment Score
Cognitively Intact	13-15	0 *(Independent)*
Mildly Impaired	8-12	1 *(Modified Independence)*
Moderately Impaired	0-7	2 *(Moderately Impaired)*
Severely Impaired	--	3 *(Severely Impaired)*

SLP-Related Comorbidities

Aphasia	Laryngeal Cancer
CVA, TIA or Stroke	Apraxia
Hemiplegia or Hemiparesis	Dysphagia
Traumatic Brain Injury	ALS
Tracheostomy Care (while a resident)	Oral Cancer
Ventilator or Respirator (while a resident)	Speech and Language Deficits

Determination of the presence of an acute neurologic condition is dependent upon whether the resident is classified into the Acute Neurologic clinical category. Any level of cognitive impairment is sufficient to qualify the patient for this aspect of classification. Any one or more SLP-related comorbidities qualifies.

SLP Clinical Category

Primary Diagnosis Clinical Category	SLP Clinical Category
Major Joint Replacement or Spinal Surgery	Non-Neurologic
Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	Non-Neurologic
Non-Orthopedic Surgery	Non-Neurologic
Acute Infections	Non-Neurologic
Cardiovascular and Coagulations	Non-Neurologic
Pulmonary	Non-Neurologic
Non-Surgical Orthopedic/Musculoskeletal	Non-Neurologic
Acute Neurologic	Acute-Neurologic
Cancer	Non-Neurologic
Medical Management	Non-Neurologic

Unlike the PT and OT components, SLP is not adjusted according to length of stay.
The SLP Case-Mix Index remains constant.

SLP Case-Mix Classification Groups

Presence of Acute Neurologic Condition, SLP-Related Comorbidity or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case-Mix Group	SLP Case-Mix Index
None	Neither	SA	0.68
None	Either	SB	1.82
None	Both	SC*	2.66
Any One	Neither	SD	1.46
Any One	Either	SE*	2.33
Any One	Both	SF*	2.97
Any Two	Neither	SG	2.04
Any Two	Either	SH*	2.85
Any Two	Both	SI*	3.51
All Three	Neither	SJ*	2.98
All Three	Either	SK*	3.69
All Three	Both	SL*	4.19
Classifiers under PDPM for Administrative Level of Care Presumption			

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This post is based upon details currently available from CMS at the time of publication.
Please refer to the CMS PDPM page for more information

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