

## February 12 Weekly Clinical Update

Well, Schizophrenia Audits have finally been reported in our area. That audit clearly indicates that it is important that each facility including clinical staff, consulting pharmacists and physicians should be closely monitoring the use of antipsychotics for all residents. The facility reports that a psych providers diagnosed multiple residents with schizophrenia when there was no assessment in the clinical record and according to the auditors, those residents lacked substantiation of the diagnosis.

The audit was completed by Livanta (QIO) and lists each resident, by name and the concern & labels them “substantial concerns” & they will be reported to OIG. A statement in letter received by the facility states: “If the QIO determines finally that such a violation has occurred and recommends a sanction to the Secretary of the Department of Health & Human Services (HHS), and if a final determination is made by the Secretary through the Office of Inspector General (OIG) to impose a sanction, your (facility) may be excluded from participating in programs under Title V, XVIII, XIX, and XX of the Social Security Act (including the Medicare program and any state health care program as defined in 1128(h) of the Act) either permanently or for a specified period of time of at least 1 year or, alternatively, required to pay the United States Government a monetary penalty as condition for your (facility’s) continued participation in the Medicare and state health care programs. Therefore, you are strongly encouraged to contact Livanta to provide additional information and/or meet with Livanta.” The letter goes on to say, “...no sanction recommendation will be made to OIG until after this meeting...”

This is a very intimidating letter, in fact, just plain scary! According to AHCA State Affiliate calls, most facilities are “admitting” the situation and explaining to the QIO how the situation will be corrected in a timely manner. THEN, the facility is required to submit proof, THEN the audit will be repeated to ensure compliance.

So, as you can see, CMS is intent on physicians NOT...NOT EVER without substantiated documentation of assessment and treatment to add or change a resident’s diagnosis to schizophrenia or schizoaffective disorder. The reason this might occur is to keep the antipsychotic off the Quality Indicators from the MDS.

Just be prepared in case you get a very intimidating letter threatening involvement of the Office of Inspector General.