APRIL

Administrative Planning:
Send an internal memo to all staff on the importance of PDPM and lay out how you plan on getting everyone prepared, offer staff training dates.

Clinical Training:
ICD-10 codes for clinical staff. Train on identifying the appropriate reason for stay diagnosis.

MAY

Clinical Training:
Wound Care. Ensure clinical staff can accurately identify, document, and prevent.

Clinical Training:
Neurologic Conditions & Cognition. Identify availability of SLP to treat acute neurologic conditions, swallowing disorders, and cognitive issues.

JUNE

Administrative Planning:
Comprehensive discharge. Develop system for utilizing community services, home equipment, and accurate transfer/identification of medications.

Clinical Training:
MDS Coordinator. Discuss how the role is going to evolve and ensure they are ready.

AUGUST

Clinical and Administrative Training:
MDS Updates. Education on new forms and schedule requirements.

SEPTEMBER

Administrative Planning:
Review need for daily skilled documentation and supporting documentation of services and conditions.

Clinical Training:
Review and identify coding for additional education; where items missed in documentation that could've improved reimbursement.

OCTOBER - TRANSITION TO PDPM

Administrative Planning:
Send reminder of PDPM transition. Monitor completeness of assessments and billing closely.

NOVEMBER

Administrative Planning:
Process review to see what is working and what needs more work. Identify and review any issues with implementation.

DECEMBER

Administrative Planning:
Reimbursement review. Review trending for patient population and identify possible gaps in documentation and collaboration between team.

Clinical Training:
Review and identify coding for additional education; where items missed in documentation that could've improved reimbursement.

Contact us today at CantataHealth.com/pdpm