

Long-Term Care Survey Alert

Resources: A Public Health Emergency Has Been Declared in My Area; Now What?

CMS answers your most pressing emergency survey and certification questions.

You've weathered the storm and gotten your residents evacuated safely. Now how do you stay in compliance with Medicare and Medicaid regulations and continue to get paid? Read on for CMS' answers to nursing facilities' most frequently asked questions regarding provider survey and certification procedures during a declared public health emergency.

Voluntary recertification

Question: If a SNF has sustained moderate to severe damage and physical plant assessments indicate re-occupancy may be delayed for several months, what are the particulars of assigning voluntary deactivation status to those facilities?

Answer: Providers in the emergency area will be reviewed on a case-by-case basis. If the facility will not be back in business for several months (approximately four months after the disaster), CMS may ask for their voluntary termination of their provider agreement and will be flexible about bringing them back into the program.

Tracking residents

Question: How will residents be tracked so they can get in touch with their families, especially residents with Alzheimer's or dementia who may not be able to identify themselves or provide much other information?

Answer: CMS recommends that State Agencies collaborate with health care facilities and their public and private partners to develop a method for tracking patients and residents in the event of a public health emergency.

Bed capacity

Question: Can a SNF in a declared public health emergency area exceed their licensed and certified bed capacity to accommodate additional patients?

Answer: The SNF should contact their CMS Regional Office, who will review the request and make a case-by-case determination. While providers may exceed their census to meet a short-term need, continued housing of residents over a facility's capacity will require review and evaluation by the State Survey Agency, to ensure that staffing levels are sufficient, as well as ensure the ability to safeguard residents.

Accepting evacuated residents in non-affected states

Question: Can nursing home providers in a state not affected by the emergency exceed their licensed and Medicare certified bed capacity in order to accept residents from another facility (e.g., corporate sister facility) in an affected area?

Answer: The nursing home provider should contact their CMS Regional Office (RO) who will review the request and make a case-by-case decision. While providers may exceed their resident census to meet a short-term need, continued housing of residents over a facility's capacity will require review and evaluation by the State Survey Agency. In making case-by-case determinations regarding a receiving provider's acceptance of residents that places it over its licensed and certified capacity, CMS will not make it a priority to place displaced/evacuated residents from one facility into another facility by the same owner.

Specialized services

Question: What will happen if the evacuating State defines Specialized Services as services provided in the Medicaid NF to augment NF services, while the receiving state defines Specialized Services as hospitalization or other placement not in a NF?

Answer: If this circumstance exists, contact your CMS Regional Office for guidance.

PASRR Level I screening

Question: What should a Medicaid-certified nursing facility do if an individual is transferred without record of PASRR Level I Screen?

Answer: Transfers are not subject to the requirement for Preadmission Screening and Resident Review (PASRR) Level I prior to admission, but are subject to Resident Review (RR) upon a change of condition. Therefore, payment will not be denied based on the absence of a Level I screen. Nevertheless, Medicaid nursing facilities (NFs), and state Medicaid agencies are responsible to identify possible mental illness/mental retardation (MI/MR) in NF residents.

CMS suggests that the NF, or other entity specified by the state, accomplish this requirement by performing a Level I Screen as part of the intake procedure. The NF is responsible to see that the screen is performed, to complete the resident's record, and to ensure that the resident receives a Level II evaluation if needed. If there is insufficient data to do so, document the situation, then be alert with these residents for any signs of MI/MR, which will trigger a change in condition and if needed a Resident Review (RR).

PASRR Level II evaluation & determination

Question: What should a Medicaid certified NF do if they receive a transfer of an individual with indication that PASRR Level II Evaluation and Determination is needed, but no record is available?

Answer: Inter-facility transfers are subject to Resident Review (RR), not preadmission screening (PAS) pursuant to 42 CFR 483.106(b)(4). Therefore, there is no risk to the NF that federal financial participation (FFP) will be denied for lack of a PAS. NFs may admit residents, under the emergency Categorical Determination if possible, and begin the Level II evaluation process.

CMS will not consider the NF or the state out of compliance if documentation shows that due to evacuation, a resident's possible need for RR is known at admission, is initiated not later than the initial resident assessment and MDS process, and the evaluation/determination is performed as soon thereafter as resources are available.

Person's previous PASRR status unclear

Question: What should a Medicaid certified NF do if they receive a displaced resident/evacuee for admission who is not a transfer from a Medicaid-certified NF, or the person's previous status is not clear?

Answer: The NF, or other entity specified by the State, should perform a Level I Screen. CMS will not consider the NF or the State out of compliance or withhold FFP if documentation shows that due to the evacuation from declared public health emergency, a Level I Screen was performed upon admission, or within 2 days of admission, and Level II Evaluation is initiated per state procedures if indicated.

No inter-state PASRR agreement

Question: What will happen when there is no inter-state PASRR agreement between the evacuating and receiving states?

Answer: The state of residence normally has responsibility to pay for PASRR functions, or have a reciprocal agreement with the receiving state. Depending on the number of evacuated Medicaid NF residents, and the length of stay, states may wish to make retroactive inter-state PASRR agreements.

CMS will not require inter-state agreements unless states are adjacent (and should already have agreements) or PASRR requirements are not being met due to lack of inter-state cooperation.



Source: Centers for Medicare & Medicaid Services Provider Survey and Certification Frequently Asked

Questions. Declared Public Health Emergencies -- All Hazards. Health Standards and Quality Issues.

Editor's note: The full text of this document is available at: www.cms.gov/Medicare/Provider-Enrollmen...urces.html; click on Survey and Certification All Hazards Frequently Asked Questions -- Updated 09/02/2011 (PDF, 480 KB). Or readers may e-mail the editor at marjorie.lellis@comcast.net and request the PDF file.