

MDS Alert

CMS Updates: Be Aware of This Time-Sensitive Information

Keep up to date with weekend survey focus, California fire waivers, and more ...

Due to the November wild fires in California, some California facilities may be eligible to take advantage of waivers intended to prevent gaps in care and coverage for Medicare beneficiaries impacted by the emergency.

Background: "Pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act, President Trump declared that, as a result of the effects of the 2018 Wildfires, a major disaster exists in the State of California. On November 13, 2018, Secretary Azar of the Department of Health & Human Services declared that a public health emergency exists in the State of California retroactive to November 8, 2018, and authorized waivers and modifications under §1135 of the Social Security Act," a recent Medicare Learning Network (MLN) release says.

The release specifies that individual facilities do not need to apply for the following approved blanket waivers, which are applicable to skilled nursing facilities:

- "Section 1812(f): This waiver of the requirement for a 3-day prior hospitalization for coverage of a SNF stay provides temporary emergency coverage of SNF services without a qualifying hospital stay, for those people who are evacuated, transferred, or otherwise dislocated as a result of the effect of the wildfires in the State of California. In addition, for certain beneficiaries who recently exhausted MLN Matters SE18025 Related CR N/A Page 3 of 5 their SNF benefits, it authorizes renewed SNF coverage without first having to start a new benefit period (Blanket waiver for all impacted facilities).
- "42 CFR 483.20: Waiver provides relief to SNFs on the timeframe requirements for Minimum Data Set assessments and transmission (Blanket waiver for all impacted facilities)."

CMS Increases Focus on Weekend Survey Visits

CMS is zeroing in on its commitment to hold facilities accountable for their staffing in order to boost patient » » care. Using data from the payroll-based journal (PBJ) system, CMS is focusing on increasing surveyor presence on weekends, effective immediately.

Background: "While CMS is encouraged by facilities' efforts to improve staffing, we are also concerned about some of the findings from the new PBJ data. For example, some facilities are reporting several days in a quarter without a registered nurse (RN) onsite and/or significantly low nurse staffing levels on weekends (see QSO-18-17-NH). Since nurse staffing is directly related to the quality of care that residents' experience, CMS is very concerned about the risk to resident health and safety that these situations may present," says **Karen Tritz**, acting director of CMS's **Quality, Safety & oversight Group** in Baltimore, in a Nov. 30, 2018, memo.

CMS Wants Surveyors to Focus on Problem Facilities

CMS is instructing surveyors which facilities to focus efforts on in order to target staffing issues - past issues with staffing problems may increase the chances for weekend surveys.

"... CMS will begin informing state survey agencies of facilities with potential staffing issues: facilities with significantly low nurse staffing levels on weekends; and facilities with several days in a quarter without an RN on-site," Tritz says.

CMS already instructs state surveyors to conduct some surveys outside of regular business hours - the SOM requires that surveyors conduct at least 10 percent of all standard health surveys between the hours of 6 p.m. and 8 a.m. or on weekends.

Now, surveyors are instructed to shift the percentage of off-hours surveys to conduct at least half (50 percent) on weekends. CMS is providing surveyors with a specific list of facilities, so if you haven't had problems in the past, you may not be subject to increased scrutiny now.

Noncompliant Facilities Risk Ftag

"Facilities identified as having reported days with no RN on-site: We are aiding surveyors' investigations by identifying facilities who have higher risk of noncompliance with the RN staffing requirement. When conducting a scheduled standard or complaint survey (regardless of the type of complaint), surveyors should investigate compliance with 42 CFR 483.35(b)(1), which is the requirement for a facility to provide the services of an RN seven days a week, eight hours a day. If a surveyor confirms that this requirement has not been met, the facility shall be cited for noncompliance under deficiency F-tag 727," Tritz says.

New PDPM Site Now Up

With less than a year until the Patient-Driven Payment Model (PDPM) goes into effect, people across the long-term care industry (and various support industries) are scurrying to get ready for the immense changes coming down the pike.

Background: In July 2018, CMS finalized PDPM, a new case-mix classification model, which will be used under Skilled Nursing Facility (SNF) Prospective Payment System (PPS) for classifying SNF patients in a covered Part A stay. Come Oct. 1, 2019, PDPM will replace the current Resource Utilization Groups (RUG) IV system.

Much of the long-term care industry has been biting its nails in anticipation of more useful information about PDPM for months now, and CMS has finally launched a website with resources for PDPM, including fact sheets, a fairly immense FAQ document, a training presentation, and various walkthroughs and crosswalks, including for ICD-10 clinical categories. The following issues are also addressed:

- Administrative Level of Care Presumption under the PDPM
- PDPM Payments for SNF Patients with HIV/AIDS
- Concurrent and Group Therapy Limit
- PDPM Functional and Cognitive Scoring
- Interrupted Stay Policy
- MDS Changes
- NTA Comorbidity Score
- PDPM Patient Classification
- Variable Per Diem Adjustment

Find resources on the aforementioned PDPM issues at the new website:

www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPSP/PPS/PDPM.html.

CMS Launches Program to Address Resident Safety Concerns

On Nov. 20, CMS launched a three-year initiative that "aims to improve residents' quality of life by equipping nursing home staff, administrators and stakeholders with technical tools and assistance to enhance resident care," says **Johnathan Monroe**, director of the **CMS News and Media Group**, in a press release. The initiative is funded and steered under the umbrella of the Civil Money Penalty Reinvestment Program (CMPPR).

"CMS is committed to ensuring nursing home residents are safe and receive quality care," **Seema Verma**, CMS Administrator, said in the release. "We are pleased to offer nursing home staff practical tools and assistance to improve resident care and positively impact the lives of individuals in our nation's nursing homes."

One focus of the new program is staff competencies and abilities. Some of the "work programs" that CMS has launched as part of this initiative include staff competency assessment tools, instructional guides, training webinars, and technical assistance seminars.

The Nursing Home Staff Competency Assessment toolkit is available now, and is designed to evaluate competency of the

following roles:

- Certified Nursing Assistants (CNA)/Certified Medication Technicians (CMT)
- Licensed Practical/Vocational Nurses (LVN/LPN) and Registered Nurses (RN)
- Assistant directors of nursing (ADON), directors of nursing (DON) and administrators.

"The assessments pose questions about behavioral, technical and resident-based competencies and should be completed as needed," the CMS website says.

The toolkit includes various assessment and support material and resources, including an instruction manual, "videos, talking points, an email memo, a poster, an assessment completion tracker, a manager's guide to meeting one-on-one with staff, and an assessment results worksheet to compile and analyze results," the website says.

CMS is focusing on helping facilities provide better care by making sure that facility employees are capable, happy, and fulfilled. Future toolkits include a Nursing Home Employee Satisfaction Survey and a Guide to Improving Nursing Home Employee Satisfaction. Both of these toolkits, which should be available to download by summer 2019, are designed to help facilities pinpoint their particular staffing inadequacies and provide resources to help address them.

Resource: Find the already released toolkits and information on future tools at the CMS CMPPR website, here: www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment.html.

CMS Updates Appendix B

If you're wondering where to find out whether the contact information for your regional or state RAI or MDS coordinators is current, look to the recently updated version of Appendix B, which the Centers for Medicare and Medicaid Services (CMS) released Nov. 21, 2018.

You can find the latest information on your state's RAI Coordinators, MDS Automation Coordinators, RAI Panel members, and Regional Office contacts here: <https://downloads.cms.gov/files/Appendix-B-11-21-2018.pdf>.