MDS Alert

PHE Measures: See Whether These COVID-19 Flexibilities Can Benefit You

Through waivers and other means, CMS is trying to let facilities focus on care.

The Centers for Medicare & Medicaid Services (CMS) is easing certain requirements during the public health emergency for the COVID-19 pandemic. From staff training to reporting, some aspects of your workload may be eased.

The COVID-19 situation is still rapidly evolving, with some areas of the country seeing an uptick in cases as others finally flatten the curve. Some places are reopening while others have not lifted any shelter-in-place restrictions. Stay on top of the updates.

As of late May, the following measures were still in place:

Surveys. Medicare surveyors will not conduct standard inspections of a variety of providers including nursing facilities, CMS said in a March 23 release. Surveyors still will conduct complaint inspections related to Immediate Jeopardy concerns and targeted infection control inspections, CMS continued. For the latter, "inspectors will use a streamlined targeted review checklist to minimize the impact on provider activities, while ensuring providers are implementing actions to protect health and safety. This will consist of both onsite and offsite inspections," CMS explains.

The procedure change "will allow us to focus inspections on the most urgent situations, so we're getting the information we need to ensure safety, while not getting in the way of patient care," CMS Administrator **Seema Verma** says in a release. "This is an extraordinary step designed for extraordinary times."

However, as facilities move toward some semblance of prepandemic normal, per the White House guidelines for Opening Up America Again, CMS is instructing surveyors to incorporate more thorough evaluations of facilities. See story, page 43, for more information.

See the announcement at www.cms.gov/newsroom/ press-releases/cms-administrator-seema-vermas-remarks-prepared-delivery-updates-healthcare-facility-inspections.

Quality reporting. For post-acute care providers, including skilling nursing facilities, CMS is making the reporting of quality data for the fourth quarter of 2019 - meaning deadlines for Oct.1, 2019, through Dec.31, 2019 - optional, the agency said in a March 22 release. When providers do report that data, CMS will use it for payment adjustments as usual.

Data from Jan. 1, 2020, through June 30, 2020 (Q1-Q2)does not need to be submitted to CMS for purposes of complying with quality reporting program requirements, CMS says. Note that for the SNF Value-Based Purchasing Program, "qualifying claims will be excluded from the claims-based SNF 30-Day All-Cause Readmission Measure (SNFRM; NQF #2510) calculation for Q1-Q2."

See the announcement at www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting.

Cost reports. CMS has listened to provider requests and is allowing Medicare Administrative Contractors to postpone cost report filing dates, according to a mid-May release. The filing deadline for FYE Oct. 31, 2019, and Nov. 30, 2019, are now June 30, 2020. The filing deadline for FYE Dec. 31, 2019, is now delayed until July 31, 2020.

"This is a blanket extension; you do not need to send a request," says **Palmetto GBA**. Check your MAC's website for the announcement.

Staffing. Physicians can now delegate certain tasks, with a waiver that temporarily provides the physician the "ability to delegate any tasks to a physician assistant, nurse practitioner, or clinical nurse specialist who meets the applicable definition in 42 CFR 491.2 or, in the case of a clinical nurse specialist, is licensed as such by the State and is acting within the scope of practice laws as defined by State law," CMS says. This includes the loosening of the requirement that physicians personally perform in-person visits; they can now delegate these visits to a physician assistant, nurse practitioner, clinical nurse specialist "who is not an employee of the facility, who is working in collaboration with a physician, and who is licensed by the State and performing within the state's scope of practice laws," CMS says. In some circumstances, telehealth is now acceptable instead of in-person physician visits for Medicare beneficiaries, too.

Facilities are still required to provide or arrange for physician services 24 hours a day in case of emergency. CMS is explicit that the requirements surrounding physician supervision and frequency of visits are not waived.

Training. CMS is waiving a requirement concerning nursing aides, temporarily allowing facilities to keep nurse aides on staff for more than four months, even if they don't meet certain training or certification requirements. Potential nurse aides can now pursue training via nontraditional means, such as distance learning courses, as long as individuals are competent to provide the necessary services inherent to serving as a nurse aide.

CMS is also adjusting the training requirements for paid feeding assistants, knocking down the minimum training time to one hour from eight hours. However, the requirements surrounding infection control protocols and the necessity for supervision under a registered nurse or licensed practical nurse still stand.

QAPI. CMS is modifying nursing facility reporting requirements for the Quality Assurance and Performance Improvement (QAPI) program. "Specifically, CMS is modifying §483.75(b)-(d) and (e)(3) to the extent necessary to narrow the scope of the QAPI program to focus on adverse events and infection control. This will help ensure facilities focus on aspects of care delivery most closely associated with COVID-19 during the PHE," CMS says. The areas affected include program design and scope; program feedback, data systems, and monitoring; program systematic analysis and systemic action; and the annual analysis for program improvement projects.

MDS, PBJ Staffing Data, PASRR submissions. CMS is waiving the "timeframe" requirements for MDS assessments and transmission. "The CMS waiver allowed the interdisciplinary team more time to complete the assessments, but it must be remembered that it is still critical to set the assessment reference date (ARD) in a timely manner and conduct the resident interviews to the extent possible. Then, as time allows, the team can complete the appropriate portions of the assessment based on the documentation," says **Jane Belt, MS, RN, QCP, RAC-MT, RAC-MTA,** curriculum development specialist at **American Association of Post-Acute Care Nursing (AAPACN)** in Denver.

"Do remember, for skilled residents, Medicare claim (UB-04) cannot be submitted until any assessment on the claim has been submitted and accepted into the QIES ASAP system. So, the Medicare Part A residents' assessments may need to be prioritized to help with cash flow for the facility. So yes, the staff has more time to complete the assessments, but they will all still need to be completed and submitted. The other point would be to make sure that it is documented that completion dates are late due to the pandemic. If the MDS department has not been impacted by the crisis, then the assessments should be completed and transmitted timely," she says.

Staffing data reporting requirements for the Payroll-Based Journal system are also waived for direct care staffing information, including for agency and contract staff. The Pre-Admission Screening and Annual Resident Review (PASRR) assessment can be delayed for up to 30 days after a resident is admitted - but CMS says that, after those 30 days, an evaluation should be done "as soon as resources are available."

"Pay attention to each state's requirements for PASRR documentation as this is an area that the individual states have often received a waiver," Belt adds.

Resource: Read more information on waivers specific to long-term care

www.cms.gov/files/document/covid-long-term-care-facilities.pdf.