

Centers for Medicare & Medicaid Services
Open Door Forum: Skilled Nursing Facilities/Long Term Care
Thursday, April 13, 2023
2:00 pm ET

Coordinator: Good morning, and thank you all for holding. Your lines have been placed on a listen-only mode until the question and answer portion.

And I would like to remind all parties, the call is now being recorded. If you have any objections, please disconnect at this time. And I would now like to turn the call over to Jill Darling. Thank you. You may begin.

Jill Darling: Thank you, (Elon). Good morning and good afternoon, everyone. I'm Jill Darling in the CMS Office of Communications and welcome to today's Skilled Nursing Facilities Long-Term Care Open Door forum.

We have a pretty lengthy agenda today so I will - I always try to be brief with my announcement. This open door forum is open to everyone, but if you are a member of the press, you may listen in but please refrain from asking questions during the Q&A portion of the call.

If you have any inquiries, please contact CMS at press@cms.hhs.gov. And we will start off with (Tammy Luo), who will go over the fiscal year 2024 SNF PPS rule.

(Tammy Luo): Thank you, Jill and good afternoon, everyone. On April 4, 2023, CMS issued a proposed rule titled the *Medicare Program: Prospective Payment System*

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and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2024 under Docket Number CMS-1779-P. The comment period for this proposed rule closes on June 5, 2023.

I will be speaking to a few updates to the Medicare payment policies and rates for skilled nursing facilities under the SNF PPS.

For the fiscal year 2024 updates to the SNF payment rates, CMS estimates that the aggregate impact of the payment policies in this proposed rule would result in a net increase of 3.7%, or approximately \$1.2 billion, in Medicare Part A payments to SNFs in fiscal year 2024. This estimate reflects a \$2 billion increase resulting from the 6.1% net market basket update to the payment rates, which is based on a 2.7% SNF market basket increase plus a 3.6% market basket forecast error adjustment and less a 0.2% productivity adjustment, as well as a negative 2.3%, or approximately \$745 million, decrease in the fiscal year 2024 SNF PPS rates as a result of the second phase of the Patient Driven Payment Model parity adjustment recalibration.

For the proposed changes to the PDPM ICD-10 code mappings, the PDPM utilizes the International Classification of Diseases, 10th Revision, Clinical Modification Codes in several ways, including using the patient's primary diagnosis to assign patients to clinical categories. In response to stakeholder feedback and to improve consistency between the ICD-10 code mappings and current ICD-10 coding guidelines, CMS is proposing several changes to the PDPM ICD-10 code mappings, which are posted on the PDPM website.

And with that, I will now turn it over to Chris Palmer.

Chris Palmer: Thanks, (Tammy). As a reminder, the Protecting Access to Medicare Act of 2014 authorized the SNF VBP program. The program was initially constrained to one measure, the skilled nursing facility 30-day all-cause readmission measure.

Similar to the hospital VBP program, funding was based on a 2% withhold for Medicare fee for service payments. However, it also includes a provision that CMS was only to pay back 50% to 70% of the withhold of which CMS currently redistributes 60% to SNFs based on quality performance.

The Consolidated Appropriations Act of 2021, the CAA, authorized the Secretary to apply it to nine measures but may include measures of function, care coordination, safety, patient satisfaction and measures of the Impact Act as well as the measure validation process with SNF's VBP program.

This year, we are proposing the addition of four new measures, the four current measures, three of which were added last year. We are proposing to add the following measures to the program: a discharge function measure, a nurse staffing turnover measure, a percent of residents experiencing one or more falls with major injury measure and a number of hospitalizations per 1,000 long stay resident days measure.

We are also proposing the replacement of the skilled nursing facility 30-day all-cause readmission measure, the SNFRM with the skilled nursing facility within state potentially preventable readmission measure. The SNF's WSPPR

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for performance year 2025 program year 2028, which will fulfill a requirement in the original SNF VBP legislation in PAMA.

We believe that all of these measures help capture quality of care dimensions that SNFs are responsible for and fulfill the requirements of the CAA.

We are also proposing the addition of the audit component of the validation process in this year's rule to begin in fiscal year 2025 for the two MDS measures being added to the program and intend to use the process for both SNF VBP and SNF QRP as per the CAA.

We intend to establish the pass/fail scoring methodology and how the results will be incorporated in the SNF VBP and SNF QRP programs in next year's rule. This group also proposes a health equity adjustment to the SNF VBP program.

We propose to adopt a scoring methodology change to reward excellent care for vulnerable populations by SNF providers in the SNF VBP program. Specifically, we are proposing to award bonus points to high performing higher dual SNFs. This health equity adjustment will begin in performance year 2025 and impact fiscal year 2027 program year payments.

More specifically, the health equity adjustment will have two points allocated for each of the eight measures if the SNF is in the top tier performance for the measure compared to all SNFs. The points are aggregated and then multiplied by an underserved multiplier.

The underserved multiplier is defined by the proportion of duals served by the SNFs to determine the amount of bonus points that are added to the total performance score that is used to calculate the payment adjustment.

The underserved multiplier is based on the adjusted proportion of duals that a SNF provides care for where higher dual proportions will receive a higher proportion of points using logically exchange function.

For SNFs whose proportion of duals is under 20%, there are assigned zero for the underserved multiplier and do not receive bonus points. The application of the logistic exchange function and the 20% minimum underserved adjustment requirement help ensure that the majority of the bonuses go to SNFs that serve the highest proportion of underserved beneficiaries.

Additionally, CMS is proposing to increase the payback percentage from the current 60% so that the bonuses provided to the high performing, high dual SNFs do not come at the expense of the other SNFs.

Finally, we are requesting comment on potential health equity approaches that could address the underserved more directly as well as specific components of a potential methodology, like whether we should continue to utilize dual status or use other indicators of disparities like ADI, LIS or a combination thereof as part of the SNF VBP program.

We look forward to receiving your comments submitted to www.regulations.gov. And now here's Heidi with some updates about the SNF QRP program.

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Heidi Magladry: Good afternoon. This is Heidi Magladry. I'll be presenting the proposals for the SNF QRP. This year we're proposing three new measures: one measure modification, three measure removals and two administrative proposals.

Our first measure proposal is the COVID-19 vaccine percent of patients, residents who are up-to-date measure. This measure is calculated using a raw rate for the number of residents who are up-to-date with their COVID-19 vaccinations per the latest guidance of the CDC. This data would be collected using a new standardized assessment item on the minimum data set.

The second measure is the discharge function score measure. This assessment-based outcome measure reports the functional status of SNF residents who meet or exceed an expected discharge function score and is based on self-care and mobility items already collected on the MDS.

The third measure proposal is the CoreQ short stay discharge measure. The CoreQ short stay discharge measure is a patient reported outcome measure that utilizes four questions. The areas of the areas of care assessed include rating the staff, the care received, the facility overall and how well the resident's discharge needs were met.

The fourth measure is a measure modification to the COVID-19 vaccination coverage among healthcare personnel measure. The prior version of this measure is being updated to align with recommended COVID-19 vaccinations per the latest guidance of the CDC. There will be no increase in reporting burden for this measure modification.

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Moving on to measure removals, we are proposing to remove three measures in this year's proposed rule. The first is the application of percent of long-term care hospital patients with an admission and discharge functional assessment and a care plan that addresses function.

We are proposing to remove this measure because it is a topped out process measure and the new discharge function measure, which is an outcome measure, will replace it.

We are also proposing to remove the application of the IRF functional outcome measure, change in self-care score for medical rehabilitation patients and the change in mobility score for medical rehabilitation patients.

Additionally, moving on to administrative proposals, first we are proposing to increase the SNF QRP data completion threshold for MDS data items. We are proposing that SNFs must report a 100% of the required quality measure data and standardized patient assessment data collected using the MDS on at least 90% of the assessments they submit through the CMS designated submission system.

The current data completion threshold for the MDS is 80%. We noted when we adopted the 80% compliance threshold in the fiscal year 2018 rule, our intent was to raise the threshold in future program years.

Second, we're also proposing the public reporting of the two transfer of health information measures beginning with the October 2025 Care Compare refresh.

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We adopted these measures in the fiscal year 2020 SNF PPS final rule. Data collection for these two assessment based measures will begin with patients discharged on or after October 1, 2023.

Finally, we also included a request for information on future measure concepts for the SNF QRP and an update on the health equity work in the SNF QRP. And I believe that wraps up the fiscal year 2024 SNF proposed rule updates.

And I have the next topic as well, which are updates on the MDS 3.0, Version 1.18.11. So, building on what we covered at our last open door forum in terms of what's currently posted and in terms of what's coming, on February 14, we posted the MDS draft specifications Version 3.01.0, which will support the October 1, 2023 implementation. On April 3, we posted the final MDS Version 1.18.11 item set as well as a draft version of the MDS RAI Manual.

in terms of what's coming in May, we plan to post the final version of the MDS data specifications and in August the final MDS RAI 3.0 Manual for Version 1.18.11 to support the October 1, 2023 implementation date. We will alert providers that these items are available with an announcement on both the nursing home quality initiative and the skilled nursing facility quality reporting program spotlight and announcement pages, the links of which are included on the agenda.

And with that, I will pass it over to - pass it back to Jill.

Jill Darling: Thanks, Heidi.

Heidi Magladry: Oh, no. That's okay. Jill, I was going to say I'll pass it over to Ellen Berry for an update.

Jill Darling: Yes. There you go. Pass it over to Ellen.

Ellen Berry: Thanks guys. On April 17, 2023, CMS will transition MDS record submissions and reports to iQIES. As part of this transition, the QIES ASAP system for MDS submissions will be turned off today, April 13 at 8:00 p.m. Eastern. Providers should submit completed MDS records prior to 8:00 p.m. tonight to the QIES ASAP system or wait until 8:00 a.m. Eastern on Monday, April 17 and submit records to iQIES.

Once the transition is complete, that is Monday morning, April 17, after 8:00 a.m., all MDS records, new records, modifications and inactivations must be submitted to iQIES.

On the last ODF, I inappropriately stated that as of April 17, you should not access CASPER for reports. I misspoke. You will need to access CASPER for your April provider preview reports and June SNF VBP files as well as for any five-star reports now until June.

Beginning July, you will access it for any new distributed reports in files. For example, July 2023 provider preview reports, October 2023 provider preview reports and so on.

The provider preview reports, SNF VBP files, five-star reports and the QIES ASAP generated final validation reports will not be migrated to iQIES.

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We have posted a what to expect document on qtso.cms.gov for your reference, which provides more detail regarding the MDS transition to iQIES, including the availability of the various reports.

For those providers who do not have a provider security official, you will want to have one and will need one in order to submit MDS records to iQIES. Even if your facility uses a software vendor or third-party to submit your MDS records, you still must have a PSO who is a facility staff person.

CMS began the onboarding process for PSOs back in August and general onboarding in mid-November. We have provided you ample time to request access to iQIES.

The April 17 transition is for MDS assessment, submission and reports only. The payroll based journal, PBJ, and EPOC, electronic plan of correction, which are not MDS related, will remain in QIES until a later date.

I will now hand it over to (Lorelei Kahn).

(Lorelei Kahn): Good afternoon, everyone, staffing data from January 1 through March 31 must be submitted no later than 45 days from the end of the quarter. The final submission deadline for this quarter is May 15, 2023.

Only data successfully submitted by the deadline is considered timely and used on the Care Compare website and in the five-star rating calculations. Once the facility uploads their data file, they need to check their final

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validation report, which can be accessed in the certification and survey provider enhanced reporting, or CASPER folder, to verify that the data was successfully submitted.

It may take up to 24 hours to receive the validation report. So, providers must allow for time to correct any errors and resubmit if necessary.

The final validation report only confirms that data was submitted successfully. It does not confirm that the data submitted is accurate or complete.

If the final validation has not been received within 24 hours, facilities should run the final file validation report. This will indicate whether or not the files were processed successfully. Providers can also contact the QIES help desk for assistance by emailing iqies@cms.hhs.gov. Providers should not be waiting until the last few days before the deadline to begin their submissions.

CMS will continue to provide technical assistance to nursing homes, to improve their staffing and data submissions. Facilities should review their monthly provider preview in their CASPER folder for feedback on their most recent submission.

We also strongly recommend that nursing homes run the following CASPER reports to review the accuracy and completeness of the data that they have entered: 1700D, which is the employee report, 1702D, which is the individual daily staffing reports and 1702S, which is the staffing summary of report.

In addition, facilities should be running the MDS census reports that are also available in CASPER to verify that their census is accurate. All of these reports should be run leaving sufficient time for review and correct any discrepancies before the submission deadline has passed.

I'll now turn it over to Jacob Berelowitz.

Jill Darling: Hi. Is Jacob there? Okay. We might have lost Jacob. Jacob was our last speaker. So, what we'll do is we will go into Q&A and when Jacob is back on, we will get him to speak on his topic.

Coordinator: I do believe he's calling in right now.

Jill Darling: Okay. All right. We'll wait one moment.

Jacob Berelowitz: Hello?

Coordinator: Jacob, you're back on?

Jacob Berelowitz: I am. I apologize.

Coordinator: Jacob is now connected.

Jill Darling: All right. Thanks, Jacob. Welcome back. It is your turn.

Jacob Berelowitz: Thank you. Hello, everyone. My name is Jacob Berelowitz and I'm the program manager for the Center of Excellence for Behavioral Health in Nursing Facilities.

Today I'll be giving you an overview of the Center of Excellence, how we were established, our purpose and goals, our offered services, eligibility and how you can access them.

Before reviewing all that information. I'll share a little bit about my background. I'm licensed as both a nursing home administrator and a master social worker. And prior to joining this new center, I worked for most of the last 15 years in long-term care as an administrator, a director of social work and a social worker.

I'd like to thank CMS for this opportunity to speak with all of you today. And I would also like to thank both CMS and SAMHSA for having the vision to develop a Center of Excellence to support nursing homes in their work with residents with serious mental illnesses and substance use disorders.

I'll start by reviewing the history of this grant project. The Center of Excellence was established through a collaboration between two agencies within the Department of Health and Human Services. The first agency is the Centers for Medicare and Medicaid Services, or CMS.

As someone participating in this call, you are probably already familiar with CMS. The second agency is the Substance Abuse and Mental Health Services Administration, or SAMHSA. They're the federal agency that focuses on

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meeting all the behavioral health needs of Americans, including mental illnesses and substance use disorders and they awarded and administer this grant.

This grant funded program was awarded to Alliant Health Solutions, an organization with many years of experience in quality improvement in nursing homes as well as behavioral health initiatives.

The center is currently funded for a three-year period starting in September 2022 and continuing through September 2025. So, there are at least two and a half years remaining for you to take advantage of this program.

Our center is not the only center that SAMSA has sponsored. The Center of Excellence is a model that SAMHSA developed to provide targeted behavioral health resources and support to special populations.

There are over 15 different SAMHSA Centers of Excellence focused on different populations or settings. And this new one that we're talking about today is specifically focused on nursing facilities.

The purpose of the Center of Excellence is to serve as a centralized hub for expanding capacity in CMS certified nursing facilities, to care for residents with a variety of behavioral health conditions. Training, technical assistance and workforce development are provided for staff in nursing facilities.

The center is specifically focused on the following four behavioral health areas: serious mental illnesses, such as schizophrenia, bipolar disorder or

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major depression, serious emotional disturbances, which are conditions that affect the pediatric nursing facility population, substance use disorders, including alcohol, opioids or other addiction disorders and co-occurring disorders, which means when a person has both a mental illness and a substance use disorder. Very often the two conditions are linked and benefit from being treated at the same time.

All of these four behavioral health focus areas are also impacted by CMS nursing facility regulations, including the Phase 3 rules of participation that became effective in October 2022 and has significant guidance for nursing facilities around meeting the behavioral health needs of residents. Our center incorporates the CMS regulatory guidance into our behavioral health trainings, resources and technical assistance.

It's also worth noting that the center is not focused on dementia and is primarily focused on behavioral health needs of nursing facility residents that are younger than 65.

I'd like to share with you our national staffing model. The Center of Excellence is a national initiative and is tasked with supporting nursing facilities across all USA states and territories. And therefore, we've taken the approach of providing a regional behavioral specialist in each of the 10 regions designated by the Department of Health and Human Services.

Each of our behavioral specialists provides support to facilities in their region and also lives and works in that region. This allows them to be knowledgeable about local and regional issues such as available behavioral health resources,

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gaps in services, state regulations or local trends. The behavioral specialists are then able to share that knowledge with nursing homes that reach out for assistance.

Now let's talk about the services that are offered by the Center of Excellence. Before discussing details, I wanted to highlight that we offer trainings and resources for all nursing facility staff from administrators to directors of nursing, department heads, nurses, nurses' aides and even housekeeping and dietary staff.

And this has aligned with the best practice of providing behavioral health knowledge and skills to all staff in the facility and also aligns with CMS guidance on behavioral health education that address the skills and knowledge of all facility staff as needed.

Our first service offering is called foundational trainings. These are trainings that we make easily accessible by offering them monthly and allowing any facility staff to register and attend. These trainings can accommodate large groups. So, facilities can have all of their staff register and attend.

Some examples of foundational trainings include mental health 101, substance use disorder 101, trauma informed care, de-escalation strategies, mental health, first aid and question, persuade, refer a suicide prevention skills training.

Nursing facility staff can view upcoming foundational trainings and register by going to nursinghomebehavioralhealth.org and clicking on the upcoming trainings tab at the top of our website.

The center also provides customized trainings and technical assistance to nursing facilities. That means that our behavioral specialist talks with the facility staff to understand their unique resident population and facility behavioral health capabilities. And then together with the facility staff, identifies training opportunities and matches them up to meet the needs of the facility.

Another kind of training that we'll be offering later this year is a cohort learning initiative. This will be an opportunity for nursing facilities to join a group of nursing facilities in a monthly series of behavioral health learning opportunities. Each monthly session will have an education and training component as well as a component of group sharing and learning from each other's experiences.

In addition to providing live virtual training, our center also develops on demand training and behavioral health resources specifically designed for nursing facilities. Our on-demand learning resources provide an opportunity for individual facility staff to get training at the most convenient time for them.

We also offer short bite-sized learning that are just a few minutes long so that even if someone has very little available time, they can still gain some knowledge and skills on specific behavioral health topics of interest.

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Additional resources include tip sheets, flyers and pamphlets that can be utilized by facility staff to increase their knowledge and skills.

All of our resources are available for viewing or download on our online resource hub at nursinghomebehavioralhealth.org. You can search and filter our library by topic and/or by type of resource that you're looking for. For example, you can search for videos as a format on substance use disorders as a topic.

Let's discuss eligibility for services. All of the Center of Excellence services are for nursing facilities that are CMS certified. If your facility is listed in the Medicare Care Compare database as a nursing facility or a skilled nursing facility, then your facility is eligible for our services.

Nursing facilities that are not CMS certified or assisted living facilities or other congregate care facilities are not eligible for Center of Excellence services. Although these other types of facilities are not eligible, our online resource hub is available to the public and therefore they could access all of our online resources.

Although our resources are developed with nursing facilities in mind, it's very likely that some of our resources may be helpful in other adult congregate care settings that have residents with behavioral health needs. The centers' technical assistance or training is only available to CMS certified nursing facilities.

Now that we've established eligibility, we'll discuss when to reach out to the Center of Excellence for assistance. If you've identified a specific gap in staff, knowledge or skills in meeting behavioral health needs of residents at your facility, contact the center and we will assist you with training or resources in that area.

If you're having difficulty meeting a particular resident's needs, you can call the center and ask for assistance. If you have residents with behavioral health needs and you're not sure where to start, but you know that you'd like to enhance the skills and knowledge of your team, we can help you evaluate, prioritize and make a plan.

And a note regarding emergencies, please be aware that the Center of Excellence is not able to assist with behavioral health emergencies. If your facility is experiencing a behavioral health emergency, immediately call 911 or talk to the attending physician for guidance.

After the emergency is resolved, our center is here to provide training and resources to support staff in meeting the behavioral health needs of residents.

Now, let's talk about how facilities can access the technical assistance and customized training services at the Center of Excellence. How can you ask us for help? The center takes a no wrong door approach and has multiple access points.

The best way to submit an inquiry for assistance is to visit our website and click on the blue button in the upper right area that says, Submit Requests.

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You will then fill out a brief form with some basic information about your facility.

Since our services are only available to CMS certified nursing facilities, we ask that you please include the facility CCN number to expedite our process of verifying your facility. Also, be sure to type in the full facility name and not an abbreviation.

Once you submit an online inquiry, a behavioral specialist will contact you within 48 hours. The behavioral specialist will then schedule a time with you to complete an assessment and learn more about your facility and your request. The behavioral specialist will then identify and coordinate appropriate training and resources to meet your needs.

We also have a call center that you can call to request training and resources. The call center is staffed by behavioral specialists from 1:00 p.m. to 5:00 p.m. Eastern Standard Time, Monday through Friday. If you call outside of those hours, you can leave a voicemail and we will return your call within one business day.

We recommend using our website form for the initial contact as sometimes contact information can't be accurately transcribed from the voicemails.

Finally, we'll close out this presentation with some options for how to stay connected with our center and get updates about our latest news.

A monthly newsletter is the best way to stay connected with us. The newsletter highlights new behavioral health resources, upcoming trainings, and any behavioral health regulatory updates. Signing up for the newsletter can be done on our website at nursinghomebehavioralhealth.org. Scroll down to the website footer on any webpage and click on, Get Our Newsletter, Sign Up Now.

If you prefer to get text messages, we also have a text messaging program that will send you center updates via text instead. You can sign up by going to our website, nursinghomebehavioralhealth.org, scroll down to the website footer on any page and use your smartphone to scan the QR code where it says join our text list.

On behalf of our entire Center of Excellence team, thank you for listening to our presentation today. And we look forward to working together with you on building nursing home staff members' competencies and confidence when working with residents with behavioral health needs.

We're just a click or a call away and we stand ready to assist you. Visit our website at nursinghomebehavioralhealth.org or call our National Call Center at 844-813-1233. Thank you to CMS for inviting us to participate in today's forum and that concludes our presentation. Back to Jill Darling.

Jill Darling: Thank you, Jacob, and thank you to all of our speakers today. That concludes our presentation. And Elon, will you please open the lines for Q&A?

Coordinator: Certainly. At this time, if you would like to ask a question, please press star 1. Please unmute your phone and record your name. Our first question is from Joel Van Eaton.

Joel Van Eaton: Thank you so much for taking my question today. So, a quick question about the iQIES migration. On the document that was posted, the what to expect document, there was a blurb on there, a small portion on there about the patient identification numbers that will be changed. Once the migration occurs residents will be assigned a new number.

And I guess the question I have is what impact will that have on future MDS submissions? So, will that have to be changed manually on new MDS submissions or is there some way that that will be done electronically?

And then the other question I had was as far as the MDS RAI Manual updates, is there a website that we can communicate with in relationship to suggestions for edits for the final version of that manual? Thank you so much.

Ellen Berry: Hi Joel. This is Ellen Berry. The resident ID is usually mostly an internal ID that we use. But if you use it in your system, you know, it's not something that the provider submits. So, yes, if you're using it in your system, you might want to update to the new ID.

Joel Van Eaton: So future MDS submissions won't be affected by that. Won't be a...

Ellen Berry: No.

Joel Van Eaton: Okay. Then the other question was on the MDS. Is there an email that we could update suggestions for the edits for final version that will come out in August?

Ellen Berry: Specific to the manual are you...

Joel Van Eaton: Correct.

Ellen Berry: Speaking of?

Joel Van Eaton: Yes.

Ellen Berry: Are you a member of AAPACN?

Joel Van Eaton: I'm on several boards of AAPACN. I'm a master teacher with AAPACN, but I'm not...

Ellen Berry: I believe (Jessie) might be - I might be misspeaking, but usually someone from AAPACN does send us some questions and comments.

Joel Van Eaton: Okay. All right. Thank you.

Coordinator: Thank you. Our next question is from Therese DiSilvestro.

Therese DiSilvestro: Hi. Thank you for taking my question. When you were giving the updates for MDS 3.0, you gave all the different dates of when you released information. I didn't hear you mention anything about the OSA. I know that

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you're going to release it as a standalone with the guidance, but do you have a time frame for that? Has that changed at all?

Heidi Magladry: Hi. This is Heidi. So, no. The information we gave on the last open door forum still stands. For providers that will need to use the optional state assessment, we plan to release that item set and the associated guidance as a standalone package at the end of April or early May.

Therese DiSilvestro: And then if I could just also ask, you had - someone had, I think it was Ellen maybe, talking about the things that won't transition to iQIES. Can you just say that one more time, please?

Ellen Berry: Sure. The current reports in your folder and the April and June. So, provider preview report, the SNF value-based purchasing files, five-star reports and the QIES generated final validation report.

Therese DiSilvestro: Okay. Thank you.

Ellen Berry: You're welcome.

Coordinator: Thank you. Our next question is from (Derek).

(Derek Sing): Hello? Can you hear me? Hello? Hello?

Coordinator: Yes, we can.

(Derek Sing): Oh, yes. Thanks. So, I have a question about the MDS V 1.18.11 update. So, the final IM sets for the - the final IM sets were released over - the final IM sets were released recently. And I was wondering, so there are - I've seen some potential, like, issues with some of the final IM sets. And I did send them in. But I was wondering if there are going to be like further updates to those or are these like the final, final ones?

Heidi Magladry: We expect that these are the final item sets, but my question would be - I'm sorry. I didn't hear who was calling in. Is this...

(Derek Sing): This is (Derek Sing) from (Epic).

Heidi Magladry: Okay. So, have you sent those in?

(Derek Sing): Yes. I believe we sent a list of issues to - I believe it's iqies@cms.hhs.gov. And I think they said that tickets were created, but I was wondering if there's going be like any - when would we be able to get like updates on that.

Heidi Magladry: So, I don't think we're planning to make any updates to the items sets. These are the final items sets. Obviously, if an error is identified, we'll have to address it then.

I wonder if you had maybe sent these questions in as part of the recent vendor call, and any questions sent in on that vendor call, I believe, will have - responses will be released in the near future. But I defer to Ellen if there's more information on that that we need to share.

Ellen Berry: I'll contact the iQIES help desk and see if they have anything. And we'll take a look at it.

(Derek Sing): All right. Thank you.

Coordinator: Thank you. Our next question is from (Susan LaPadula).

(Susan LaPadula): Hi, good afternoon. Thank you everyone for your presentation. My question is in reference to the report numbers that were given that should be reviewed and run by the skilled nursing facility before the deadline. I believe the first report number started with 177.

Ellen Berry: Hi. This is Ellen. I really don't know what you're speaking to. Can you expand on that?

(Susan LaPadula): Yes, it was regarding CASPER report.

((Crosstalk))

Lorelei Kahn: So, the first one was 1700D, which is the employee report. Is that what you were asking about?

(Susan LaPadula): Yes. Is it B as in boy? Because some of the alphabets aren't coming over on the telephone conference.

Lorelei Kahn: It's D as in dog.

(Susan LaPadula): Okay. Let's do the next 17002, perhaps?

Lorelei Kahn: No. 1702D as in dog.

(Susan LaPadula): Okay.

Lorelei Kahn: And that's the individual daily staffing. And the last one is 1702S as in star.
And that's the Staffing Summary Report.

(Susan LaPadula): That helps. Thank you.

Lorelei Kahn: You're welcome.

(Susan LaPadula): Have a wonderful day. Thank you, everyone.

Coordinator: Thank you. Our next question is from (LaDonna Peters). LaDonna, your line is open. Please check your mute feature.

(LaDonna Peters): Please forgive me. I indeed was on mute. First of all, thank all of you presenters. My question specifically was for the last speaker, who was the gentleman addressing the nursing home behavioral excellence.

I didn't quite catch the name of his website. I'm very interested in the resources he has to offer. And I was just wondering if I could get the website again so I could be able to access his resources. I think maybe the speaker's name was Ron or Rod. I could be wrong.

Jacob Berelowitz: Hi. This is Jacob. The website is nursinghomebehavioralhealth.org. And it's also listed on the agenda for this call. Thank you.

(LaDonna Peters): I don't have an agenda. Thank you though. I really appreciate that.

Coordinator: Thank you. Our next question is from (Avery).

(Avery): Hello. Thanks for taking my call and good afternoon, everyone. Thanks for doing this and thank you for affirming the August date for the final release of the manual.

So, my question is about training. Is CMS planning to do any national training related to the new version of the MDS 3.0?

Heidi Magladry: Hi. This is Heidi. In terms of training, we plan to provide a virtual training program that will review the updates for Version 1.18.11. Part one of the virtual training program will consist of recorded training session videos that will deliver foundational knowledge necessary to understand the new items and guidance.

These videos are designed to be reviewed before Part 2, which will consist of live virtual workshop sessions that will provide coding practice on the items covered in the part one videos.

We expect to release the part one recorded training session videos in May followed by the Part 2 live virtual workshop sessions in late June or early July. When registration opens, the training announcements will be posted on

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both the nursing home quality initiative and the SNF QRP spotlight and announcement pages. So, you can look for those in the near future.

(Avery): Thank you.

Heidi Magladry: You bet.

Coordinator: Thank you. Our next question is from (Brian Seiver).

(Brian Seiver): One question. So, I've been looking at the RAI Manual and I appreciate you releasing it as quickly as you could. But on my question is on Page N6, it states in this in the steps for assessment, Number 1, review the resident's medical record for documentation that any of these medications were received by the resident and for the indication for their use during the seven-day look back period.

There are many definitions that have been written in the RAI manual, but you did not define the indication for use. Do you plan on doing that or can you tell us where, you know, created or found that indication for use so that we can ensure that we are educating properly?

Heidi Magladry: Hi. So, this is Heidi. I believe in the back of the manual, there's an appendix that gives some options of where you might look for indications for use. I think we would also encourage you to consult with the pharmacist in terms, you know, in terms of identifying why the medication is being prescribed for your resident.

(Brian Seiver): May I give an example? So, we have residents that have an antipsychotic being provided and they are being provided NUPLAZID. And NUPLAZID indication for use is for Parkinson's psychosis and its residents have Parkinson's psychosis. So, would that be considered an indication for use?

Heidi Magladry: You know, I'm somewhat hesitant to answer the question just kind of off the cuff without seeing it kind of in writing. Would you be willing to go ahead and send that question into the SNF open door forum help desk and so then I can ensure we can get you a response in writing.

(Brian Seiver): Absolutely.

Heidi Magladry: Thank you so much.

(Brian Seiver): Thank you.

Coordinator: And once again, if you would like to ask a question, please press star 1. Our next question is from Beckie Dow.

Beckie Dow: Good afternoon. And thank you for taking my call. I saw on the news that President Biden was declaring an end to the public health emergency. And I am wondering if that is going to impact the May 11 date for the waivers that we've been using during the public health emergency.

John Kane: Hi, this is John Kane. So, the May 11 date is the date that we're looking at as the end of the public health emergency. So, the waivers would end as of that date.

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Beckie Dow: Okay. Thank you so much.

John Kane: Thank you.

Coordinator: Thank you. Our next question is from Bridget Alexander.

Bridget Alexander: Hey, thank you for taking the call. I just had a question for clarity on the reports. There were three reports that were mentioned about running. What was the frequency of running this report? Starting what day? And is there an end date? I missed a little bit of that, please.

Lorelei Kahn: Are you talking about the CASPER reports when you're saying reports(unintelligible)?

Bridget Alexander: I'm referring to the 1700D, 1702D, 1702S. What's the frequency for those reports to run? What's a recommended start or stop date? I missed that piece please.

Lorelei Kahn: So, we just recommend that facilities run those reports after they have made their final submission in PBJ to verify the accuracy and completeness of the data that they've submitted.

Bridget Alexander: Okay. Thank you.

Lorelei Kahn: You're welcome.

Coordinator: Thank you. Our next question is from Jacqueline Clark.

Jacqueline Clark: Hello? Can you hear me? Okay. Regarding the CASPER report and the validation report, are they going to be in the new system, that iQIES system?

(Lorelei Kahn): Those reports are located in your CASPER folder.

Ellen Berry: I will add - this is Ellen. The PBJ is still within the old system. It's not moving to iQIES at this moment. So, you will continue to locate those reports and run them in CASPER until CMS moves the nursing home survey process into iQIES.

Jacqueline Clark: Okay. So, we are transmitting in the iQIES, but we're getting our validation report at the O system?

Ellen Berry: You're submitting MDS records as of Monday morning to iQIES. The payroll based journal data will still be submitted as you submit it today, which is to the old system to QIES.

Jacqueline Clark: Okay. So that means validation reports will be in iQIES because payroll based journal is not validation report unless I'm confused.

Ellen Berry: Correct. Your final validation report when you upload MDS records to iQIES will be in iQIES, correct.

Jacqueline Clark: Okay. That's my question. And I have one more question about the reports, the timing of the reports. I didn't get that part. What reports have a specific time on them?

(Lorelei Kahn): Are you talking about the CASPER reports that you just run to review the accuracy and completeness of the data?

Jacqueline Clark: Yes. Yes. Are they going to have a certain time right now?

(Lorelei Kahn): They're just going to reflect the data that was included in the last submission that you made in PBJ.

Jacqueline Clark: Okay. Okay. All right. Thanks.

(Lorelei Kahn): You're welcome.

Coordinator: Thank you. Our next question is from Meg Galveston.

Meg Galveston: Hi. Thank you for taking my call. My question has to do with report 1704S in the CASPER. Will that still be current when we're transmitting through iQIES? Because that's the MDS summary report, but the MDS data will be in iQIES, not in CASPER.

(Lorelei Kahn): Ellen, can you answer that?

Ellen Berry: No, I can't. I do not know. We'll have to follow up on that

Meg Galveston: Somehow the data is going to have to go one to the other so that it's current in there for the PBJ reports.

Ellen Berry: We'll follow up on that.

Meg Galveston: Thank you.

Coordinator: Thank you. Our next question is from (Donna).

(Donna): Hi. Thank you for taking my call. I heard John. So, I thought maybe I'd ask this one. I just wondered if you have any time frame for updating the CMS COVID requirements related to masking, community transmission rates, et cetera.

We're with a system and the system is moving forward. And yet we're held back because of our requirements not being changed yet. So, I wondered if you have any time frame for that. Thank you.

John Kane: Hi. This is John. I can't speak to that. That's outside the payments area. I'm not sure if anyone else on the call would be able to address that.

Evan Shulman: Hi. Are you asking - this is Evan Shulman from the Division of Nursing Homes. Are you asking about guidance for infection prevention control?

(Donna): Correct. So right now, you know, we have to mask because of community transmission. I heard we are going to be getting a change in that, but have not seen anything.

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Evan Shulman: For any changes, we'll communicate that broadly through official CMS memoranda or any changes on the CDC website. So, no updates for you at this time. So, continue to follow the current guidelines that everyone should be following. But if there are any changes, we'll make sure that that's widely available publicly.

Jill Darling: And, Elon, we will take one more question, please.

Coordinator: All right. Our final question today is from (Crystal).

(Crystal): Hi. Thank you. My question is regarding the updated MDS 3.0 and the RAI guidelines, do you have a timeline on when you'll be releasing more guidance on the quality measures for the five star?

Heidi Magladry: Hi. This is Heidi. And our quality measure lead, Rebecca, is not on today's call. I know on the last call she said that CMS is planning for the transition and re-specifying some of our measures since Section G will be going away.

They said at that time they indicated we would be releasing guidance about quality measures at that point and any potential new training. But I think that work is still in the works right now.

(Crystal): Thank you.

Jill Darling: All right. Well, thank you everyone for joining us today. If you were still in the queue waiting for your question or if you think of one after the call, please

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feel free to send it in to our SNF long-term care ODF mailbox that is located on the agenda. But it's snf_ltcodf-l@cms.hhs.gov.

Thanks, everyone, and this concludes today's call.

Coordinator: Thank you. This does conclude today's conference. You may disconnect at this time.

[End of segment]