Centers for Medicare & Medicaid Services

Open Door Forum: Skilled Nursing Facilities/Long Term Care

Moderator: Jill Darling

Wednesday, August 4, 2022

2:00 p.m. ET

Coordinator: Welcome, and thank you for standing by. At this time, all participant lines or in a listen-only mode. After today's presentation, you'll have the opportunity to ask questions, and you may do so at that time by pressing Star then 1 on your phone's keypad. Today's conference is being recorded. If you have any objections, please disconnect at this time.

Now, I would like to turn the call over to your host for today, Miss Jill Darling. Miss Darling, you may begin.

Jill Darling: Great. Thank you, Brad. Good morning, 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. Before we get into the announcement, I have one brief announcement.

This Open-Door Form 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 do have any inquiries, please contact CMS at press@cms.hhs.gov. And I will hand the call over to Tammy Luo.

Tammy Luo: Thank you, Jill. On July 29th, 2022, the Centers for Medicare and Medicaid services issued a final rule under docket number CMS 1765-F that updates

Medicare payment policies and rates for Skilled Nursing Facilities under the Skilled Nursing Facility Prospective Payment System for fiscal year 2023.

For the fiscal year 2023 updates to the SNF payment rates, CMS estimates the aggregate impact of the payment policies in this final rule would result in a net increase of 2.7%, or approximately $904 million, in Medicare Part A payments for SNFs in fiscal year 2023, compared to fiscal year 2022. This estimate reflects a $1.7 billion increase resulting from the 5.1% update to the payment rates, which is based on a 3.9% SNF market basket increase, plus a 1.5% market basket forecast error adjustment, and less a 0.3% productivity adjustment, as well as a negative 2.3% or $780 million decrease as a result of the recalibrated parity adjustment, which is being phased in over two years. These impact figures do not incorporate the SNF VBP reductions for certain SNFs, which are estimated to be $186 million in fiscal year 2023.

For the recalibration of the Patient Driven Payment Model parity adjustment, CMS is finalizing a two-year phase in of a parity adjustment to the SNF payment rates due to the transition to the Patient Driven Payment Model, or PDPM, a SNF payment classification model. When PDPM was finalized on October 1, 2019, it was determined that this model would be implemented in a budget-neutral manner, meaning it would not result in an increase or a decrease in the aggregate SNF spending. Since PDPM implementation, CMS' initial analysis of fiscal year 2020 and fiscal year 2021 data found an unintended increase of approximately 5%, or $1.7 billion, in Medicare Part A SNF spending per year. After considering the stakeholder feedback received in the fiscal year 2022 SNF PPS rulemaking cycle and on the fiscal year 2023 SNF PPS proposed rule, to better account for the effects of the COVID-19

Public Health Emergency on SNF spending, CMS is finalizing the adjustment factor of 4.6% to the SNF payment rates. CMS also recognizes that the ongoing COVID-19 PHE provides a basis for taking a more cautious approach to mitigate the potential negative impacts on the nursing home industry, such as facility closures or disproportionate impacts on rural and smaller facilities. Therefore, to balance ensuring accurate Medicare Part A SNF payments and mitigating the financial impact on providers, CMS is finalizing to phase in the parity adjustment factor over a two-year period, resulting in a 2.3%, or approximately $780 million reduction through fiscal year 2023 payment rates, and a 2.3% reduction in fiscal year 2024.

For the permanent cap on wage index decreases, to mitigate instability in SNF PPS payments due to significant wage index decreases that may affect providers in any given year, CMS is finalizing a permanent 5% cap on annual wage index decreases to smooth year-to-year changes in providers' wage index payments.

And finally, for the changes in ICD-10 code mappings, PDPM utilizes the International Classification of Diseases, Version 10 codes in several ways, including to assign patients to clinical categories used under several PDPM components, specifically the physical therapy, occupational therapy, speech language pathology, and non-therapy ancillary components. In response to stakeholder feedback and to improve consistency between the ICD-10 codes mappings and current coding guidelines, CMS is finalizing 19 substantive changes to the ICD-10 codes mappings. And with that, I'll turn it over to Heidi Magladry, who will be presenting on the SNF Quality Reporting Program.

Heidi Magladry: Good afternoon. My name is Heidi Magladry. I'll provide you with a summary of the updates for the SNF Quality Reporting Program. In this year's rule, we finalized the adoption of one new measure, the influenza vaccination coverage among healthcare personnel measure, for the fiscal year 2024 SNF QRP.

This practice measure reports the percentage of healthcare personnel who received the influenza vaccine. We believe this measure will encourage healthcare personnel to receive the vaccine, resulting in fewer cases, less hospitalizations, and lower mortality associated with the virus.

SNFs will begin collecting this data for the upcoming influenza season, October 1, 2022, through March 31st, 2023. We're also revising the compliance date for certain SNF QRP reporting requirements, including the transfer of health information measures, and certain standardized patient assessment data elements, including race, ethnicity, preferred language, health literacy, and social isolation.

We now believe that based upon the advancement of information available about COVID-19 vaccination treatments available, and the importance of the data in the SNF QRP, it would be appropriate to modify the compliance date finalized in IFC-2 from October 1st, that is at least two fiscal years after the end of the Public Health Emergency, to October 1st, 2023.

We also believe it is important to align the collection of this data with the inpatient rehab facilities and long-term care hospitals, who will begin collecting this information on October 1, 2022, and home health agencies who will begin collecting this information on January 1, 2023.

Finally, we are revising the regulation text to reflect recent updates to the SNF QRP, including the addition of the Center for Disease Control and Prevention's National Healthcare Safety Network as a method of data submission, and a new paragraph reflecting all of the data completion thresholds required for SNFs to meet or exceed receiving a 2-percentage point reduction to their annual payment update for a given fiscal year.

And with that, I will pass it over to my colleague, Angie, to discuss the SNF Value-Based Purchasing Program updates.

(Angela Kohlhepp): Thank you, Heidi. I'm (Angela Kohlhepp), and I'm the Program Lead for the SNF - the Skilled Nursing Facility Value-Based Purchasing Program. I will provide an overview of what we finalized in the fiscal year 2023 rule for the SNF VBP. First, we're extending the measure suppression policies from fiscal year 2022 payment rule to the fiscal year 2023.

In the fiscal year 2022 SNF final rule, we adopted the quality measure suppression policy for the duration of the COVID-19 Public Health Emergency, that would enable us to suppress the use of SNF readmission measure data for purposes of scoring and payment adjustments in the program if we determine that circumstances caused by the PHE, have affected the measure and resulting performance score significantly.

In this rule, we have finalized to not apply the Skilled Nursing Facility 30-day all-cause readmission measure as part of the performance scoring for the fiscal

year 2023 SNF VBP program year. While performance on this measure will be reported publicly, it will not affect payments.

Additionally, the Consolidated Appropriations Act of 2021 authorize the HHS Secretary to incorporate up to nine additional quality measures into the program with respect to payment for services furnished on or after October 1st, 2023. In line with the CAA, we finalized the following policies pertaining to the expansion of the SNF VBP program.

We finalized the adoption of three new measures into the SNF VBP program expansion for the fiscal year 2026, and fiscal year 2027 SNF VBP program extension years. The measures include, for fiscal year 2026 program year, we will have adopted the SNF healthcare-associated infections requiring hospitalization, and the total nursing hours per resident day measures.

The performance year is fiscal year 2024. And for fiscal year 2027 program year, we have adopted the discharge to community post-acute care measure for SNFs. This is a two-year measure, which is why the first performance year is fiscal year 2025. We also finalized adjustments to the SNF VBP program scoring methodology to accommodate the additional measures.

This includes updating the SNF VBP program measure level scoring normalization policy, beginning with fiscal year 2026 program year. We're updating the achievement and improvement scoring formulas such that SNFs could earn up to 10 points per measure for achievement, and up to nine points per measure for improvement.

Adopting a case minimum policy beginning with fiscal year 2023, SNF VBP program year that replaces the low-volume adjustment policy for the SNF RM, in accordance with the CAA of 2021. Updating the scoring policy for SNFs without sufficient baseline period data beginning with the fiscal year 2026 SNF VBP program year, such that if a SNF does not meet the minimum - case minimum threshold for a given measure during the applicable baseline period, and since the baseline period data is used to calculate improvement scores, that SNF would not receive an improvement score for that measure.

Adopting a measured minimum policy beginning with fiscal year 2026 SNF VBP program year, and removing the low-volume adjustment policy from the VBP program beginning with the fiscal year 2026 program year. That is all I had to share for the SNF VBP. I will now pass it on to Cameron Ingram. She will be reviewing the request for information, revising the requirements for long-term care facilities to establish mandatory minimum staffing levels.

Cameron Ingram: Thank you. Hi. My name is Cameron Ingram. I work in the Clinical Standards Group here at CMS. I'll be briefing you on the request for information on revising the requirements for long-term care facilities to establish mandatory minimum staffing levels, which was included in the SNF PPS proposed rule.

In the RFI, we solicited public comments on opportunities to improve our health and safety standards to promote thoughtful, informed staffing plans and decisions within long-term care facilities, that aim to meet resident needs, including maintaining or improving resident function and quality of life.

We received an overwhelming response to the RFI, with over 3,000 comments from a variety of interested parties, including advocacy groups, long-term care ombudsman, industry associations, labor unions and organizations, nursing home staff and administrators, industry experts and other researchers, and family members and caretakers of nursing home residents.

Overall, we received mixed feedback on establishing minimum staffing requirements in long-term care facilities. Nursing home advocacy groups and family members of residents were supportive of establishing a minimum staffing requirement, whereas industry and provider groups expressed concerns.

Commenters offered recommendations for implementing minimum staffing requirements, such as focus on implementing an acuity staffing model per shift, instead of a minimum staffing requirement. Implement a hybrid approach that would use the facility assessment requirements of a staffing benchmark to determine additional staffing above the minimum staffing levels that may be needed based on facility staffing needs.

Others recommended that minimum staffing levels should be established for residents with the lowest care needs, and assessed using the MDS 3.0 assessment forms, citing concerns that an acuity-based minimum may be more susceptible to gaming.

Commenters also provided information on several residents and facility factors for consideration when assessing a facility's ability to meet any

mandated staffing standards, including whether or not the facility may have a higher Medicaid census, larger bed size, for-profit ownership, higher county SNF competition, and for the staffing arm specifically, higher community poverty, and lower Medicare census.

Commenters noted factors impacting facilities ability to recruit and retain staff, with most commenters in support of creating avenues for competitive wages for nursing home staff to address any issues of recruitment and retention. Industry commenters also encouraged CMS to consider a delay or phasing approach for implementing any new staffing requirements, given the existence of staffing shortages for some types of staff in some geographic locations, and temporary staffing shortages due to employee illness or terminations.

While there are clear differences of opinion among stakeholders on establishing minimum staffing standards, it is CMSs goal to use information, along with the findings of the research staffing studies, to strike a balance between the positions, all in the interest of ensuring safe and quality of care for residents. We expect to propose the anticipated policy update within one year.

I'll now turn it over to my colleague, Kristin Shifflett, for updates to the long-term care facilities requirements.

Kristin Shifflett: Thank you, Cameron. Hi. I'm Kristin Shifflett with the Clinical Standards Group at CMS. I'm going to update you on the changes to the requirements for

the Director of Food and Nutrition Services, and the physical environment requirements in long-term care facilities.

On July 18, 2019, we published a rule proposing to revise several of the health and safety standards for long-term care facilities. The proposed rule was published pre-COVID during the previous administration, with the primary goal of burden reduction and increased flexibility for providers.

In deciding which of the July 2019 proposals to finalize, we began an analysis of their alignment, with the goals of the current administration, as well as whether they were appropriate for implementation during or post PHE. In this SNF PPS rule, we are finalizing - we finalized two of the proposed changes.

We're retaining the existing qualification requirements for the Director of Food and Nutrition Services, and adding an experience qualifier that would allow a person who has two or more years of experience in the position, and has completed a minimum course of study in food safety, to meet the requirements.

We're also finalizing our proposal to ensure the safety of residents, while allowing those older existing long-term care facilities impacted by the adoption of the 2012 edition of the NFPA 101, maintain compliance and avoid substantial expenses related to the renovation of their facility structures through continued use of the 2001 fire safety evaluation system, also known as the FSES mandatory value.

We determined that the food and nutrition and the Life Safety Code policies,

which were supported by the majority of commenters, would provide relief for long-term care facilities, particularly during the PHE. And therefore, believe that we should have finalized these two proposals as soon as possible.

Specifically, the food and nutrition revision will have a significant impact on a facility's ability to recruit and retain qualified staff. The final policy will ensure sufficient qualification requirements, given the critical aspects of the job function, while also addressing stakeholder concerns related to costs associated with training and workforce shortages.

Regarding the Life Safety Code, this revision will ensure the safety of residents, while allowing certain older existing long-term care facilities to maintain compliance and avoid substantial expenses related to the renovation of their facility structure. We believe that it's important to avoid disrupting the provisions of care to long-term care residents during or immediately after the PHE, if a safe option such as the one we are finalizing in this rule, is available.

We are continuing our review of the remaining provisions from the 2019 proposed rule, to evaluate how and if they align with the CMS strategic plan, the current needs of residents, the impact of the COVID-19 PHE on long-term care facilities, and the current priorities of the department related to health and safety and equity.

On July 14th, 2022, we published a notice to extend the timeframe allowed to finalize those remaining proposals. The timeline for publication of the final rule is extended until July 18th, 2023. We will issue a final rule before that date if we choose to proceed with additional rulemaking.

I will now turn it over to my colleague, Ellen Berry, to discuss the MDS transition to iQIES.

Ellen Berry: Thank you. Good afternoon, or good morning to all. Hopefully, most of you have heard about iQIES. iQIES is the CMS system that is replacing QIES, CASPER, which are over 20 years old. For the most part, CMS is replacing old technology with newer technology.

We have already transitioned three of the five post-acute care patient assessment to iQIES, the Oasis, the IRF-PAI, and the long-term care hospital care dataset. MDS is the next patient assessment to be transitioned to iQIES, which will take place early 2023. CMS will provide a timeline, FAQs, and training resources as we approach closer to the implementation date.

For the most part, end users will not be impacted from a workflow standpoint. You will assess your resident patients, code the MDS, and submit an XML file. You will access the reports in folders similar to CASPER. As of today, some reports will continue to be automatically generated and placed in your folders, while others, you will be able to run on an ad hoc basis.

Other aspects will remain the same. For example, CMS will continue to provide a validation utility tool, the VUT, for vendors and third parties to check their software. While there are some similarities, there are some differences. jRAVEN will eventually be replaced by a user interface that is internet-based.

You will have only one login. CMS Net goes away. However, you will need to obtain a new user ID, and that process is different. While most people will be able to complete the process easily and seamlessly, some may have to manually complete the process, and this can take time.

One major difference is that every provider will need to appoint at least one security official. We recommend two. The security official must be in place prior to any other user obtaining their user ID. CMS is responsible for approving the initial facility security official. However, facility security officials are responsible for approving all users for their facility, including third parties and vendors. CMS will not approve any user other than the facility security official.

I will now hand over to Mike Murphey, one of our iQIES contract staff, who will provide an overview on the process and timeline for the onboarding of facility security officials. Mike?

Mike Murphey: Thanks, Ellen. Hi, everyone. My name is Mike Murphy, and I'm a Senior Program Manager working on iQIES. And one of my main responsibilities is training and communications. So, in the not-so-distant future, you will start to see communications to start the onboarding for security officials.

As Ellen mentioned, this is going to be an incredibly important aspect to a successful launch of MDS and iQIES. Knowing that security officials are new, it's very important that we get this part right, because these security officials will be approving all future rules and requests to get into the system.

So, in the agenda, my team has created numerous items to support your process of onboarding into iQIES. So, within there, you'll see training videos. And then on the QTSO platform, you'll see onboarding guides and role matrixes that will help yourself and others understand what is the right position to be in iQIES.

So, like we mentioned, the most important thing is going to be the security official. And the onboarding and communications of such will start on August 15th. And to ensure that we have the right support structure for the number of people being brought into the system, we will be going through a staggered launch plan broken out by regions.

So, as I mentioned, this will start on August 15th. And then every two weeks, we will extend that into new regions. So, on August 15th, we will be soliciting for security officials in Regions 1 and 2. And then two weeks later, starting on August 29th, we will start soliciting security officials for Regions 3, 9, and 10.

September 12th, we will expand to Region 4. September 26th, expand to Region 6. October 17th, to Region 5. Halloween, October 31st, is when we will finally achieve the last regions, Regions 7 and 8. And we want to give everybody plenty of time to get their security officials in place, as well commence general user role recruitment messaging and onboarding in mid-November.

So, you will see many communications coming down the pipeline, but this is a way that we wanted to introduce sort of how we're going to go about this, and

there'll definitely be more to come. So, with that, I will hand it back over to Heidi.

Heidi Magladry: Thank you. So, this is Heidi again. I just wanted to take this opportunity to share some SNF Quality Reporting Program information about our reconsideration process on our public reporting updates. On July 13th, CMS provided notifications to Skilled Nursing Facilities and non-critical access hospital swing beds that were determined to be out of compliance with the SNF Quality Reporting Program requirements for calendar year 2021, which will affect their fiscal year 2023 annual payment update.

Non-compliance notifications were distributed by the Medicare administrative contractors, and were placed into the facility CASPER folders in QIES on July 13th, 2022. Facilities that receive a letter of non-compliance, may submit a request for reconsideration to CMS via email no later than 11:59 on August 11th, 2022.

If you receive a notice of non-compliance, and would like to request a reconsideration, again, you have until August 11th. Please see the instructions in your notification letter, and you can also check the SNF QRP reconsideration and exception and extension web page.

I also wanted at this point to share some information about a CDC NHSN data reporting issue. The NHSN has been conducting targeted outreach to providers who have - may have multiple org IDs reporting under a single CCN.

If you have received outreach from the NHSN, or more recently from CMS, advising you that your facility has been identified as one with multiple NHSN organizational IDs, you need to reach out to the NHSN to rectify the issue.

But it's possible that you have another org ID under your current CCN that you are not aware of, and you are not able to see when you go into the NHSN to report your data. This is an org ID that may have been created by a different individual at your organization at an earlier date.

This may impact your data reporting compliance, because if you have multiple org IDS under your CCN, data must be reported under every org ID to be compliant with the QRP data reporting requirements. If you feel that you've submitted all of your data to the NHSN for the COVID-19 healthcare personnel vaccination measure, yet are still receiving notification that you are non-compliant with the submission requirement, I urge you to reach out to the NHSN to rectify this issue. You can reach out by contacting them at NHSN@CDC.gov.

And just briefly, some - finally, some public reporting updates. On July 15th, the SNF provider preview reports were released. These reports contain a provider performance score for quality measures, which will be published on Care Compare and in the provider data catalog during the October 2022 release.

Providers have until August 15th to review their performance data. Corrections to the underlying data will not be permitted during this time.

However, providers can request CMS review of their data during this preview period if they believe the quality measure scores that are displayed within their preview reports, are inaccurate.

For questions related to accessing your provider preview report, you can reach out to the iQIES help desk at iQIES@cms.hhs.gov. For SNF quality reporting, public reporting, you can send an email to the SNFQualityQuestions@cms.hhs.gov. And finally, on July 27th, the July 2022 release of the Skilled Nursing Facility QRP data was released on Care Compare and in the provider data catalog.

The data that was released on July 27th, are based on quality assessment data submitted from quarters four 2020, through quarter three 2021. This release also resumed the reporting of all the claims-based measures. Due to the COVID-19 reporting exceptions, the claims-based measures have been calculated, excluding quarter one and quarter two 2020 data.

The data for claims-based measures are on display using data from quarter three 2019, through quarter four 2019, and quarter three 2020, through quarter two 2021, for this release. Lastly, this is the inaugural reporting of the new claims-based measures. The SNF healthcare associated infections requiring hospitalization is now publicly reported on Care Compare and the PBC, beginning with the July 2022 release.

And those are all the updates I have for the SNF QRP. And with that, I'll turn it over to Christine Teague, to discuss the MDS Errata.

Christine Teague: Thank you, Heidi. On July 15th this year, CMS released Errata to the MDS 3.0 RAI user's manual, which included updates to Section I, which is the diagnosis section of the MDS. In Section I, we added language to the coding tip to align with the newly released state operations manual guidance, indicating the need for the facility or the survey team to make a referral to the State Medical Board, or the Board of Nursing when a potentially inappropriate diagnosis is identified.

We also added a coding example demonstrating when a diagnosis would not be coded on the MDS. The example reinforces the coding instructions, stating diagnostic information, including past history obtained from family members and close contacts, must also be documented in the medical record by the physician to ensure validity and follow-up. This is required for coding a diagnosis on the MDS.

The example also aligned with the long-term care requirements for a detailed evaluation of the residents mental, physical, psychosocial, and functional status, in accordance with professional standards. And now, I will turn it over to my colleague, Lorelei Kahn.

Lorelei Kahn: Thank you, Christine. Staffing data from April 1st through June 30th, must be submitted no later than 45 days from the end of the quarter. The final submission deadline for this quarter is August 14th, 2022. 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 a facility uploads their data file, they need to check their final 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 reports. 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 iQIES help desk for assistance by emailing iQIES@cms.hhs.gov.

Please note that the deadline this quarter falls on a Sunday. The help desk is not available on the weekends, which is why it is critical that providers do not wait 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 report, and 1702S, which is the staffing summary 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 to review and correct any discrepancies before the submission deadline has passed.

Effective with the July 2022 refresh, CMS has revised the methodology for calculating the staffing star rating and assigning the overall rating. The full methodology for assigning the overall quality star rating based on the health inspection rating, the staffing rating, and the QM rating, is described in the overall nursing home rating section of the Five Star Technical Users Guide, which is located at www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcomplianc/downloads/usersguide.pdf.

This link is also located on the agenda for today's call. And I will turn it back over to Jill Darling.

Jill Darling: Thank you, Lorelei, and thank you to all of our speakers today. Brad, will you please open the lines for Q&A.

Coordinator: Certainly. At this time, we will now begin the question-and-answer session. If you would like to ask a question, please first unmute your phone and press Star 1. You will be prompted to record your name, and your name is necessary to ask a question.

If you would like to withdraw your request, you may press Star then 2. Once again, that is Star 1 for questions at this time. Please stand by while we get our first few questions. Once again, please press Star then 1. One moment, please. Our first question is from Marcela Velasco. Your line is open.

Marcela Velasco: Hi. Thank you for the call today. I was just wondering if you could repeat when the staffing submission deadline is.

Lorelei Kahn: Sure. This is Lorelei. It's August 14th.

Marcela Velasco: August 14th.

Lorelei Kahn: Yes.

Marcela Velasco: Thank you so much.

Lorelei Kahn: You're welcome.

Coordinator: And our next question will come from Tammy Kelly. Your line is open.

Tammy Kelly: Thank you very much. This is an iQIES question. The facility security officials, for corporations who have multiple facilities, can the same person be the facility security official for multiple buildings, or does it have to be a different person for each center?

Ellen Berry: Mike, do you know that off the top of your head?

Mike Murphy: I don't know it off the top of my head. My gut tells me it can be the same person, but they probably have to register as a security official at each location.

Tammy Kelly: Okay. All right. If we could get

Ellen Berry: And we'll clarify that and make sure that we have that in the FAQs and in our documentation.

Tammy Kelly: Thank you.

Ellen Berry: Yep.

Coordinator: Thank you. The next question comes from Brian McGowan. Your line is open.

Brian McGowan: Yes. Thanks for the call today. My question is a food and nutrition question. The expansion - the expanded qualification for food service director is now two years experience plus say a State service certification. When does that take place?

Kristin Shifflett: So, the regulation is effective within 60 - October 2023 is when it's effective. Does that answer your question?

Brian McGowan: Yes. So, up until that point, the other qualifications, they have to be there, you know, associate's degree or higher, food service management, or a CDM?

Kristin Shifflett: Yes.

Brian McGowan: That requirement

Kristin Shifflett: And those qualifications are still part of the requirement. We just gave that experience qualifier to hopefully help out those people that have years of experience.

Brian McGowan: Oh, so they still need to be a CDM or associate's degree or higher, plus two years experience and the State service certification.

Kristin Shifflett: Or they can have the two years' experience and the third stage.

Brian McGowan: Okay, good enough. But that qualification doesn't become effective until October of next year - of this year.

Kristin Shifflett: Yes.

Brian McGowan: Of this year, 2022.

Kristin Shifflett: No. Next year.

Brian McGowan: Thanks. 23.

Kristin Shifflett: Sorry about that.

Brian McGowan: October 23, you said?

Kristin Shifflett: Yes.

Brian McGowan: Okay, good enough. Thank you.

Kristin Shifflett: You're welcome.

Coordinator: The next question comes from Kat Davis. Your line is open.

Kat Davis: Hi. This is Kat Davis. Thanks for the information today. I'm from North Shore
                      Healthcare, Wisconsin. And I had a question about the security officials. Are
                      you going to again post the date for the…

Ellen Berry: Yes, for the rollout and the onboarding? Yes.

Kat Davis: Yes.

Ellen Berry: Yes. That will be posted. It'll be posted on QTSO.

Kat Davis: I'm sorry, where?

Ellen Berry: On QTSO.CMS.HHS.gov. Q-T-S-O. It's the normal.

Kat Davis: Oh, Q-T-S-O. Okay, great. I never heard quality. My other question is, any
                      qualification to be the security official?

Ellen Berry: No. They need to know who their staff are in the building so that they are
                      providing the correct authorization enroll for submission or reviewing data or
                      reviewing reports.

Kat Davis: Okay, great. I appreciate it. Thank you very much.

Ellen Berry: You're welcome.

Coordinator: The next question comes from Genice Hornberger. Your line is open.

Genice Hornberger: Hello. I had a question about the iQIES change as well. And for third-party vendors, is there a limit to the number of facilities associated with a login? So, my understanding is, for third party vendors who submit on behalf of a provider, will each have to have a login? And so, I'm with PointClickCare. So, we would have a large number of facilities that we are submitting on behalf of.

And so, just curious, is there a limit to the number of facilities under one login? And also, just to confirm, the security officer at each facility would have to approve our association with them. Is that correct?

Ellen Berry: That is correct, and we - if we have not already expanded the number of providers that a vendor can be associated with, we are in the process of that, because, you know, we have OASIS, and they have the same issues. So, we have partially addressed it, but we plan to fully address it by MDS transition. So, you should just have the one.

Genice Hornberger: Okay. Thank you.

Coordinator: The next question comes from Mike Balcor. Your line is open.

(Frank):   Yes, it's Frank. Are we going to be able to receive a text of this conversation?

Jill Darling: This is Jill Darling. We will be posting the transcript, Q&A document, and the audio recording to our transcripts and podcast page, and you can search that. So, just give us a couple of weeks as we, you know, make edits and get answers for everyone. So, thank you.

(Frank): All right. Thank you.

Coordinator: The next question comes from Tara Titus. Your line is open. Miss Titus, your line is open. Please check the mute button on your phone, Miss Titus. Moving on to the next question, we have Lupe Cruz. Your line is open.

Lupe Cruz: Hello. Thank you. My name is Lupe Cruz. I'm with the California Department of Public Health, and I have a question regarding the recent MDS Errata. We've received a few questions from facility MDS coordinators.

Are MDS coordinators at facilities required to do any type of look-back procedure for assessments submitted prior to the date of this Errata? And I'm sorry, that would be for any - if they were to determine any misdiagnosis prior to the date of this Errata.

Christine Teague: So, this is Christine Teague. Can you hear me?

Lupe Cruz: Yes.

Christine Teague: Oh, okay, great. So, we don't require them to go back and do a look and see, you know if prior they had made a mistake. But if in the course of completing

the MDS, they identify an error prior, then they would do a modification correction of that MDS.

So, if you're comparing the current MDS, if you're going to the previous one, looking for changes, and you realize that there was an error in the coding of the previous MDS, you would do a correction. But as far as going back and looking at all of your previous MDSs, you would not do that.

Lupe Cruz: Okay. Great. That clarifies. Thank you very much.

Coordinator: The next question comes from Wendy Castro. Your line is open.

Wendy Castro: Hi. Thank you for having the meeting. And apparently my question was actually already answered, if the region updates were going to be posted. And I think Ellen said they're going to be on QTSO. So, I can just find out my information on there once they are posted. I just didn't copy all the dates down.

Coordinator: Thank you. The next question will be from Agnes Smith. Your line is open.

Agnes Smith: Hi. A question regarding the food and nutrition director. The verbiage in the publication and the Federal Register, speaks to the position of the Director of Food and Nutrition Services. So, in other words, they would have had to be in that position for two years in order to obtain the experience component. Is that correct?

Kristin Shifflett: Yes, that is correct.

Agnes Smith: Okay. And then the second component of that is the no later than one year following the effective date of the rule. So, does the opportunity expire after that date, or could you just extrapolate a little bit more on that date and what it means?

Kristin Shifflett: So, after this rule goes into effect, we've given a one-year extension on being able - it just provides additional time to come into compliance, if you will.

Agnes Smith: So, after October the 1st - yes. After October 1st, if there are people that are in the limbo land, so to speak, and they're getting the two years, plus they're taking the search date after that date, it will still be valid. Is that correct?

Kristin Shifflett: Yes.

Agnes Smith: Okay, perfect. Thank you so much.

Kristin Shifflett: You're welcome.

Coordinator: The next question comes from James Oliver. Your line is open.

James Oliver: Thank you. How do you anticipate staffing minimums impacting reimbursements? And could these minimums positively impact reimbursement rates to help us stay competitive with other segments of healthcare?

Cameron Ingram: Hi. This is Cameron. So, for the purpose of this - is this for the staffing standard question, just to clarify?

James Oliver: Yes.

Cameron Ingram: For the RFI?

James Oliver: Yes.

Cameron Ingram: Okay. Yes. So, the staffing planning just kicked off at the end of May, and it's going to run through to December. So, currently, we're not in any place to opine on what a minimum staffing standard might look like or what, payment might be affected. So, there'll be briefings farther down the road to speak to that. We're just considering comments still at this time. Thank you.

James Oliver: Thank you.

Coordinator: The next question comes from Barbara Thompson. Your line is open.

Barbara Thompson: Hi. Thank you very much for the call today. My question has to do with the Director of Food and Nutrition Services. The two-year experience credit has that you are on a course of study in food safety and management. And I've been hearing the word ServSafe, which is the hotel restaurant management of food safety eight hours certificate course.

My understanding was, this is not enough in prior discussions to meet qualifications. Is that still in effect? Or I guess I want to know what you

consider more a course of study in food safety and management to obtain that experience, two-year experience.

Kristin Shifflett: Right. So, we - in the actual rule, we did give different examples of some of the courses that needed to be covered through this. But in the previous one we proposed, we had heard different things about, you know, just years of experience wasn't enough qualification, or just taking these ServSafe, or other similar courses, was not enough experience.

That's why we combined them together in hopes that that will give people more experience, but it doesn't necessarily have to be ServSafe. There are multiple other ones, but in the regs text, it actually lists out the required topics that we want people to seek in their education to receive that education on that. Does that make sense?

Barbara Thompson: It does, because I teach the certified dietary manager class. So, which is, you know, a six-month program that incorporates a lot more. And definitely during this pandemic, we have used - especially with infection prevention. So, that's why I'm questioning just the ServSafe does not go deep enough for healthcare, right.

Kristin Shifflett: Right. Yes. So, we - in the regs text - I mean, well, in the preamble, we've used that as an example, but that was just an example. There are plenty of other programs that people can take that have similar or additional courses, but that was just an example that we used.

We don't call out specific course study - well, we call out specific classes, but

we don't call out specific programs in our regs text, because I know there's multiple ones.

Barbara Thompson: Okay, thank you very much.

Kristin Shifflett: You're welcome.

Coordinator: The next question comes from Michelle Schultz. Your line is open.

Michelle Schultz: Yes. I'd like to discuss the MDS section I, about when to code and when not to code. Can you please go over that example again?

Christine Teague: So, when you look at the requirements for coding an active diagnosis in the RAI manual, currently you have to have a written diagnosis, physician-documented diagnosis in the last 60 days, that has a direct relationship to the residents current status, such as functional cognitive mood or behavior.

It also requires, when you look under the identifying diagnosis, it instructs you to look at the medical record for sources of the documentation. It also talks about communication between the physician and the interdisciplinary team. And it talks about having diagnostic information, including past history, that is it came from family members, close contacts that's documented in the medical record to ensure the validity.

So, when you're looking at a diagnosis, you're looking to make sure that there is information in the medical record to support the diagnosis prior to coding it on the MDS.

Michelle Schultz: Okay.

Christine Teague: And did it answer your question?

Michelle Schultz: It did, but what did you say the penalty was?

Christine Teague: What?

Michelle Schultz: If we miscoded something on section I, did you say that we could be reported to the Professional Nursing Board?

Christine Teague: So, not for miscoding the MDS. What the new piece of information that is included in the manual, and in the State operations manual, in situations where practitioners such as the MDS coder, the person that's completing the MDS, has potentially found a misdiagnosis, so if they have a diagnosis, say, a resident is newly diagnosed with a mental disorder, and there's no documentation, there's no evaluation of the resident, signs and symptoms of the mood disorder is documented in the medical record.

If that piece is missing, and it doesn't have the diagnostic information, Section I would not then be coded. If the person that is looking at that documentation and that diagnosis, or maybe a State surveyor identifies a misdiagnosis of a resident, then a referral to the State Medical Board or the Board of Nursing, may be necessary at that point.

Michelle Schultz: Okay, thank you.

Coordinator: Thank you. The next question comes from Eli Weinberg. Your line is open. Eli, please check the mute button on your phone.

Eli Weinberg: Yes. This is Eli Weinberg with Allaire Health Services. Thank you for the call today. Someone mentioned the staffing requirements. You said that the policy will be updated in about a year from now?

Cameron Ingram: Yes, that's correct. That's the target. Thank you.

Eli Weinberg: Okay. And another question that I had was, for the construction, how it affects the residents after the PHE. Can you elaborate on that?

Cameron Ingram: Hi. This is Cameron. Is that a question regarding the request for information or a different topic?

Eli Weinberg: It's a question regarding - there was mention of construction requirements, how it affects residents after the PHE.

Jill Darling: Would you mind sending that into the inbox that's listed on the agenda?

Eli Weinberg: Yes, that's fine. I'll do that. Sure.

Jill Darling: Great. Thank you.

Eli Weinberg: Thank you.

Jill Darling: And Brad, well take one more question, please.

Coordinator: Certainly. Your final question for today will come from (Julia Rana). Your line is open.

(Julia Rana):   Yes. On the security officers on the rollout, how do we know what region we're in?

Ellen Berry: This is Ellen Berry. If you don't know the region you're in, it is set up by State. And if you go to the CMS site, you can put in regional offices, and it should pop up. But they're numbered, northeast down to southeast, across the country.

(Julia Rana):   Okay, thank you.

Ellen Berry: Okay.

Jill Darling: All right. Well, thank you, everyone, for joining us today. And to - if you did not get to ask your question, please feel free to mail it into the ODF mailbox that is listed - always listed on the agenda, SNF_LTCODF-L@cms.hhs.gov. So, thank you, everyone, for joining. Have a wonderful day.

Coordinator: Thank you all for your participation on today's conference call. At this time, all parties may disconnect.

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