

Centers for Medicare & Medicaid Services
National Stakeholder Nursing Home Stakeholder Call
April 27, 2022

{Link to recording: https://cms.zoomgov.com/rec/share/i7DxQovkePRx4YsU5GMmi35Jpb5hw-igjOqeNLQtggFAIQdEsY-lu_RQ8QIOxb4z.06J4Pff6Dd-SStEp Passcode: .W*.8vT8 }

Jean Moody Williams: This webinar is being recorded -- in case you need to refer back to it or share it with their colleagues who are not able to participate this afternoon. All participants will be muted throughout the call but you will have the ability to place questions in the Q&A section. I don't believe the chat function is active but the Q&A section is available for you to ask your questions. Closed captioning is available via the link in the closed caption window at the bottom of the screen. If there are members of the press on the call today, please note that all press media question should be submitted using the CMS Media Inquiries Form and that can be found at [CMS.gov/newsroom/media-increase](https://www.cms.gov/newsroom/media-increase). -- inquiries. While I cannot speak to when the PHE will end, we are thinking about what actions we should be taking out even before the end of the PHE. We did issue a notice at couple weeks ago but we are thinking about what will happen before the end and what will happen after the official end. I know that you are already thinking about that as well. During the PHE, CMS use a combination of regulations and guidance to offer health care -- providers the flexibility needed to respond to the pandemic with the intent to allow as much time as possible to be directed toward resident care and in certain cases, these flexibilities suspended requirements to acute and extraordinary circumstances. While some of these waivers have ended and some will and soon -- the good news is that we've noticed a steady increase of vaccination rates amongst nursing home members and staff have improved the ability to respond when there is an outbreak. Restoring the minimum standards with compliance with CMS requirements is the right direction we should go in. It is the right thing for our residents and staff in the system overall.

That said, if you no longer need the flexibility that is still active and this is the case in any disaster or emergency situation, not just the pandemic, we encourage that once you no longer needed, you begin to phase it out and not utilize it and that would be the request here as well. We are happy to provide assistance and answer questions along that way and we will do so at the end -- near the end of this call but we will keep you posted as well as things go along. During our last call, our CMS Principal Deputy Administrator joined us to share a few remarks about the recent White House announcement and eight new efforts to improve care at the nation's nursing homes and as expected and invited, we received a lot of questions after the call and some of which we will try to address today and I know that there will be questions coming in over the course of time and we will address. As a part of this vision, the Biden-Harris Administration set a goal to improve the quality of nursing home so that seniors, and people with disabilities and others get the reliable care they deserve. A key part of reaching this goal is addressing staffing levels in nursing homes which had a substantial impact of the quality of care and outcomes residents experience and we received a lot of questions on how you could provide input on how you can provide input on these issues. I know that there are a variety of thoughts and we want to hear them and I cannot emphasize that enough. On April 11th, CMS releases the IPPS proposed rule asking for public event to help the agency establish minimum staffing requirements that nursing homes will need to meet to ensure our residents are providing the safe health quality care and the nursing home workers have the support they need. We are requesting your feedback and we are looking forward to receiving that. We are also requesting your input on a measure that would examine

Centers for Medicare & Medicaid Services
National Stakeholder Nursing Home Stakeholder Call
April 27, 2022

staff turnover levels in nursing homes for possible inclusion in the CMS SNF VBP program which rewards facilities with incentive payments based on the quality of care they provide. If you recall, CMS began posting nursing home staff turnover rates (as well as weekend staff levels) on the [Medicare.gov](https://www.medicare.gov) Care Compare website in January, and will be including this information in the star rating system starting in July 2022. We had listening sessions at the Quality Conference -- let me stop to thank everyone who participated in the 2022 quality conference. Over 5000 people registered. Many of you spoke or provided comments. One of the highlights was our Administrator Chiquita Brooks-LaSure. She opened the conference with a big thanks to the health care industry and provide a framework for future CMS efforts including the CMS National Quality Strategy, and we also rolled out the behavioral health strategy -- and the commitment to advancing health equity. Soon after the conference on April 20th, we release that CMS health equity plan and that outlines how health equity will play an important part in the work of all CMS centers and offices. We will convene industry stakeholders, including health care facilities, insurance companies, state officials, -- to address systemic inequities. As a matter of fact, here was a stakeholder call yesterday and we will do this periodically, listening to see how we can move forward. The last thing I wanted to highlight was we also released the skilled nursing facility change of ownership data and I want to turn this over to one of my colleagues, Vani Annadata or an update and to provide more information.

Vani Annadata: Good Afternoon, I'm the Director for division of enrollment systems within provider enrollment oversight at CMS. Last week, on April 20, CMS publicly released nursing home and hospital change of ownership information, and this is the first time have released data on these acquisitions, consolidations and change of ownership information for these facilities on data.cms.gov. This data is for facilities and consists of any change of ownership transactions that occur on or after January 1, 2016. This data set consists of two files. For the nursing home change of ownership and it is based on information that was reported to CMS through the provider enrollment and change of ownership system. The first file includes information like the buyers and seller's organization name, the type of change of ownership and the effective date of the transaction in relation to CCN and NPI. The second -provides detailed information on the ownership and control for the buyer side and the sellers and also includes information such as individual and organizational owners' names, their roles and their association to the entity. This data is available on data.CMS.gov. It is available in an attractive data format that can also be downloaded in XL or --excel. I apologize. This data is available for providers, researchers, Medicaid programs and state and the public to actually leverage the enrollment data on changes out ownership. This lets us explore and examine how these changes of ownership impact access to care and care quality. This data can be used to analyze issues in health care markets as well as frequencies concerned. CMS expects to release changes of ownership data on a quarterly basis. We next -- plan to release a mapping tool to provide users with a map to identify where these changes of ownership have occurred and, in the future, we are considering expanding the data set to include ownership data and not just changes in ownership. Thank you.

Jean Moody-Williams: We appreciate that and if they are any questions, put them in the Q&A. There is a question about how people can go about responding to the RFI. We will circle back around at the end of the call or put something in the Q and A so that you know how to respond. With that, we are pleased

Centers for Medicare & Medicaid Services
National Stakeholder Nursing Home Stakeholder Call
April 27, 2022

to have colleagues from the CDC joining us to give us updates and this afternoon, we have with us Jeneita Bell, Hannah Reses and Theresa Rowe. I will turn it to the CDC for their updates, thank you.

Hannah Reses: This is Hannah. Can you see my screen? We will be providing updates on upcoming changes to the NHSN and COVID-19 vaccine data collection forms and do a quick walk-through of the new tool that can be used to report event level or person level vaccination data. First, I will go through the fields that we are removing from the form. All of these changes will be made in the May 19 release which will be available to the users as of May 23. So we are removing the vaccine manufacturer categories from all of the fields that ask about vaccines that have been received. This applies to the primary series vaccination questions and the additional booster dose questions. Rather than reporting these fields by a specific manufacturer as we do currently and as seen on the left side of this slide, you will report these fields according to the questions of the far right side -- side of the slide which are simplified and combined the manufacturers into one question that you will report number of individuals who received one dose of a two dose primary series. Number individuals with any completed primary COVID-19 series and number of individuals who receive additional doses. We are moving the vaccine supply questions from the form. This is question five in all the sub questions on vaccine availability and supply. We are adding a few questions. This is for the long-term care resident form only. We are adding new questions that are some questions of question four. Question four is the current question we have on number of individuals who have received any boosters or additional doses, and among those individuals, you will answer the number of residents in question four who received only one booster and number of residents in question for that received two doses which -- and the number of booster doses received since March of 2022. To get a better sense on how many residents are receiving the second booster dose after it was approved by the FDA after March 29. Across the health care personnel form in the resident form, we are asking -- up-to-date is defined as having received a booster dose or if you have not received a booster, you've received your complete primary series of an mRNA vaccine in the last five months or you received a single dose of Jansen in the last two months. We are going to replace this link. This is a link to the CDC up-to-date website that defines what up-to-date is but we will replace it with a link to a document that we maintain and post on the NHSN website that spells it out clearly and provides a number of examples and different scenarios. We will give a lot of guidance around that because we know that it will be a little more challenging to fill out accurately since it has a time component related to vaccination. Those are all of the changes for the vaccination forms. I want to walk through this new tool that we have. We are calling it the event level vaccination COVID-19 reporting tools for long-term care facilities. Facilities will continue to submit cumulative weekly COVID-19 vaccination data to the weekly COVID-19 vaccination models. Data can be reported to these modules in three ways. Items one and two are the ways that facilities have been submitting data through the pandemic. Directly entering the totals on the data entry screens in the vaccination models. Second, facilities can submit their weekly data into the weekly COVID-19 vaccination models. Item number three is a new option. As of March 28, long-term care facilities have the option to use these event level COVID-19 vaccination forms to enter person level data and select the view reporting summary and submit button and submit these data to the weekly COVID-19 vaccination models. -- modules. I want to reiterate that the form is the best an optional tool that can be used to report data. You can continue reporting as you have been by entering the weekly summary totals but

Centers for Medicare & Medicaid Services
National Stakeholder Nursing Home Stakeholder Call
April 27, 2022

this tool is used to record individual as a dense and health care personnel vaccinations in NHSN in the application takes the information and calculates the weekly totals. This is a new and improved version of the Excel data tracking were seats that we are per -- providing but we are retiring the excel worksheets. It is available in the application and SAMS Level 3 access is required to use it. This is what it looks like when you log into the long-term care facility component and you are a SAMS level three user. You will see this box and in order to use the event level reporting tool you will select either event level COVID-19 vaccination form for health-care workers or for residents. This is what the screen looks like if you select one of those. This is the resident screen. If you click the add row button, this yellow pop-up box will appear and you will enter the information going across the road and there is their name and admission date, resident identifier and all of their vaccination dates or the date that they the declined vaccination or they had a medical complication and so on. You click save row and after you have entered a few individuals, this is what the screen looks like and in order to submit this data for the weekly requirement, you have to click view reporting summary and submit and this is what it will look like. The reporting summary will appear on the screen and what you want to do is select the week of data that you want to submit data for. The totals here on the right side are auto calculated based on the person level data that you entered. Select the week, review the totals and click save and submit data and that is what will save and submit your data to the weekly vaccination module. The tool simplifies reporting of summary data because you enter the person level data and the NHSN will calculate and display the totals. It will also classify individuals as up-to-date and not up-to-date and for the new questions on the resident form, it will classify individuals into the category of only receiving one booster or two boosters or having received them after March 29. This allows facilities to document information at the person level. A captures changes in individuals back asked vaccination status over time. At allows users to record religious exemptions among those who decline vaccination. We will link identifiers but the case level data. I listed resources here. That is all I have. Thank you.

Theresa Rowe: Thanks, Hannah. I will share my screen. This is Theresa Rowe, also with CDC. Give me one moment. OK. Can everyone see my screen?

>> We see, thank you.

Theresa Rowe: Thanks for the opportunity to go over the proposed modifications to the COVID pathways. The resident impact facility capacity pathway, the staff and personnel in the personal protective equipment (PPE) pathway. These are based on the changing landscape of COVID over the last several months, feedback from organizations and facilities and as we just heard, the new recommendation for an additional select population. I want to highlight that these changes are as final as they can be. We are waiting for final approval. We will go ahead and get started. Alright, having difficulty. For the proposed modifications for the RIFC and PPE pathways, it is an overview. Beginning with simplifying the test type categories to focus on the number of positive COVID tests instead of the different types of testing. Removal of several categories, including reinfections and co-infections. We want to focus on vaccination status, also whether or not residents are vaccinated. Similar to what you heard in Hannah's presentation. We will have an additional question to collect information on additional boosters. That is on population. Remove the PPE pathway and add a question related to PPE to the RIFC

Centers for Medicare & Medicaid Services
National Stakeholder Nursing Home Stakeholder Call
April 27, 2022

pathway. This is what the form looks like now and there is a grid with different test type categories that will go away and instead, facilities will focus on the number of positive tests. I will highlight here that this will still exclude residents who have a positive COVID antigen test but a negative PCR test. This is the current grade. It is divided into manufacturers type and that will go away. It will focus on whether or not a resident was vaccinated and whether or not they had an additional booster vaccination. Similar to what we heard, we will break up the booster vaccination question a little further and ask whether or not residents had one booster vaccine or had the two or more booster vaccinations. We will include a question about up-to-date vaccination status and there will be more information provided on what exactly that means. As I mentioned, removal of reinfections will go away. Remove the co-infection section. Remove total testing, and then, we will add one question to the RFC pathway asking about personal protective equipment. Facilities will see this question if they have an urgent need and if they answer no, that will be the end of the question. If the answer is yes, we will ask a little more detail about what the urgent need is. For the staff and facility pathways, the proposed modifications are similar to the RFC pathway. We will modify -- to focus on the number of positive tests. Removal of reinfection's and co-infections and then we will modify the actions related to staff shortages to make it a simplified version. Here are the test types that will go away and it will remain to just ask about positive tests. In schooling -- excluding -- removal of reinfection's and co-infections. Again, a question will be about staff shortage. If the answer is no, that will be the end. If the answer is -- yes, we will ask additional information. That was a brief overview of the upcoming changes but there will be plenty of opportunity to go through them in more detail.

Jean Moody-Williams: Thank you very much for walking through that and there are a couple questions if you can take a look at that in the Q&A session and with that, I want to turn to Evan from the division of nursing homes to give a few updates then he will move right into answering and addressing some of the questions as well that we have received along the way. Evan?

Evan Shulman: Thanks, Jean. Good afternoon, everyone. Thanks for tuning in. I have a few updates from some of the Maranda we have release over the last few months. First, we released a memo that terminated several of the regulatory waivers that were implemented to -- due to the COVID-19 health emergency. We -- entities waivers in two groups ending and 30 days on May 7 or 60 days on two -- June 7. As Jean mentioned earlier, the bottom line is we believe that it is time to restore the minimum protections for resident's health and safety. We appreciate everyone's use of the waivers to give you - - response to the COVID-19 pandemic but we really do need to restore those minimum protections and get back to normal operations. I will touch on two of the waivers we are terminating in this memorandum based on questions we have received. The first is related to competency and evaluation for nurse aides who have four months to complete the program and pass the state competency exam. We waived the requirement that limited aides from working only four months and allowed them to work longer than four months without repercussion of completing this requirement. They provide a valuable service and they help facilities to maintain staff. We need to make sure that staff is trained to meet the needs. We never waived the requirements for aides; and we never waive the requirements for nurse age to become certified only waive the requirements around the limitations of the time that the aides can work in facilities. That waiver is ending on June 7, which means aides will have four months'

Centers for Medicare & Medicaid Services
National Stakeholder Nursing Home Stakeholder Call
April 27, 2022

from that time to finish the program which includes 75 hours of training and successful passing of the state's evaluation test. Therefore, if anyone was hired prior to June 7, they have until October 7 to meet these requirements. Anyone hired after June 7th, has four months from the date of hire to complete the training. If you are hired before June 7, you have four months to complete that training. I want to talk about the telemedicine waiver related to practitioners. There are two types of telemedicine waivers for practitioners in nursing homes. One is related to the required visits that practitioners must make in person to evaluate residents. These need to be done every 30 or 60 days depending on when the resident is admitted to the facility. There is another waiver related to the payment for telemedicine visits and the limits on the number of visits that can be billed as telemedicine. In the memo released on April 7, we are terminating the waiver that allows practitioners to use telemedicine for the required visit that must occur every 30 or 60 days. This waiver terminates on May 7. At that moment in time after that point, practitioners must conduct their regulatory required visits. It must be conducted in person. The payment waiver still remains. CMS has waived the requirement. However, the requirement for seeing residents in person every 30 or 60 days is now -- or will be reinstated as a May 7 of this year. We encourage practitioners to use telehealth medicine and the required visits that must be conducted in person. The next topic I will like to talk about requires questions that we received related to vaccination definitions and how they apply to CMS's requirements or guidance related to staff ask nations or testing or masking. Let's go over the definitions as a refresher. Fully vaccinated means that someone has completed their primary vaccination series. Two doses of the Pfizer or Moderna vaccine or one those of the J&J vaccine. . Then there are the people who are up-to-date of the vaccination series and if they are at least five months after their primary vaccination series are completed and they have received a booster dose or if they receive the J&J vaccine as their first dose, they are at least two months after their first dose and received their booster dose. That is the definition. Let's talk about where we are from a status perspective and this is available online but to let everyone know where we are, right now, approximately 88% of residents are fully vaccinated and 87 percent are staff are vaccinated so we are seeing high rates of fully vaccinated individuals in nursing homes in this means the individuals completed their primary vaccination series, not including boosters. When it comes to booster doses, we are seeing 79% of fully vaccination yet only 49% of staff have received the booster dose. We will like to see the staff booster wrote -- dose rates go up. All this information is posted on our website where we post rates on staff and resident vaccination rates for ease facility and you can go - - click on the COVID-19 nursing home data for more information. As it applies to our regulation and guidance when it comes to our staff vaccination role, it applies to those who are fully vaccinated. The staff must receive the primary vaccination series. On March 10, we will lease provisions to our testing guidance and also some provisions to our testing -- related to masking and testing. When it comes to testing, staff who are up-to-date with their Covid vaccine vaccinations, those that receive their booster when they are eligible. They do not need to be routinely tested. However, for those that are not up-to-date, do need to be routinely tested based on the guidance the CDC's classification on each facility's county. If you're in a county with a high rate of community transmission. Those are not up-to-date. You need to be tested twice a week. If you are at substantial rates of community transmission, you must be tested twice a week. Moderate rates of transmission once a week and if you are a low rate, routine testing is not recommended. As we all had to reference throughout the pandemic, nursing homes and health-care facilities need to use the community transmission metrics, not the metrics for

Centers for Medicare & Medicaid Services
National Stakeholder Nursing Home Stakeholder Call
April 27, 2022

the general public. When it comes to masking. Of course, the safest factors for patients and visitors to word -- resource control and physically distance. There are recommendations that we updated related to up-to-date vaccinations. If a facility is located in a county with low to moderate community transition and up-to-date with vaccinations, health care personnel could choose to not wear source control physically distance when they are in areas that are not where patients are. Meeting rooms, staff rooms but not patient care areas. If a patient and a visitor are up-to-date with all recommended COVID vaccine doses, they can also choose to not wear source control and where physical contact. These layers can be confusing. If you are unsure on whether or not to wear source control, the safest practice is to wear source control. If you would like to remove your source control, it is safest to do when you are alone. With you are around other people, the safest is to keep it on. Today in our country, we are right around 1500 to 2500 nursing home resident and nursing home staff cases per week each. On average, through the pandemic, there were roughly 9000-1000 cases per week -- the good news is that we are well below average. We are watching this closely because it appears that the cases are rising. We have to be vigilant. There were a couple of questions that came in over the chat. One was about other waivers that have been waived. Specifically questions about the three day stay waiver. CMS will give notice and communicate any other changes. The only information we can communicate -- if something was not listed in the memorandum that indicates what waivers will be terminated then the other whaler is in place. Will the definition of fully vaccination and up-to-date vaccinations be changed? The CDC and others are monitoring this and we will continue to work with them and I'm sure there will be ample notice to the public prior to changes. With that, I want to thank everyone and the facilities for your efforts. These are challenging times so thank you very much. It is not easy and I want to thank all of our residents and our caregivers and advocates, ombudsman and others for helping us to protect resident's health and safety.

Jean Moody-Williams: Thank you everyone who spoke today. There is a lot of thought given to how we deliberately make decisions about how we move forward, how we continue to be vigilant and a slight uptick in cases. We want to manage that while we have the opportunity. We see the questions and thanks, Evan for recognizing them. There is one here on some of the reporting questions and we will take those back and look at them. There is one I have to state that we have repeatedly asked this and do we recognize the burden and again, we are not ignoring these questions. You can tell by the thoughtful approach here that all of these are given consideration and even cook -- including the burden. I have copied this particular one that says they wanted a response today. We will see what we can do but it is -- it has not been ignored. With that in mind, I think we will come to a close and thank you again.