

Centers for Medicare & Medicaid Services
COVID-19 Call with Nursing Homes
Moderator: Alina Czekai
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OPERATOR: This is Conference # 8899983

Alina Czekai: Good afternoon. Thank you for joining our May 6th CMS COVID-19 weekly call with nursing homes. We appreciate you taking time out of your busy schedules to join us today.

This is Alina Czekai, leading stakeholder engagement on COVID-19 in the office of CMS Administrator Seema Verma. Today, we are joined by CMS and CDC leaders, as well as providers from the field, who have offered to share best practices with you all.

I'd first like to turn it over to Jean Moody-Williams, Acting Director at the Center for Clinical Standards and Quality here at CMS. Jean, over to you.

Jean Moody-Williams: Great. Thanks, Alina, and thanks, everyone, for joining this afternoon. We have a jam-packed agenda, so I want to jump right in. But before I do, I would be remiss if I didn't recognize that this is nursing week, and I know that many nursing homes are run by dynamic nurses as administrators, certainly those that are caregiving, and many of the other activities. So please, take a moment to take a deep breath, and celebrate the work that you're doing, which is tremendous, as nurses.

I want to just highlight a couple of announcements that have come out since the last time that we talked. We did announce that on April 30th, that we would have a new independent commission that will conduct a comprehensive assessment of the nursing home responses – our responses, and nursing home responses, to the COVID -19 pandemic. The commission will provide an independent recommendation to a contractor that will, in fact, assemble the commission, and develop a report for CMS. So that will help inform our immediate and future responses as we work through COVID-19.

And I do think it's important. As I said, it really is going to look at the things that CMS - what we've done – what we are planning to do – can we do things better, faster – what worked – what didn't work. So I'm very excited about that review. And then also, what are some of the best practices that are occurring in the field, which we've been doing on this call all along. We'll make sure that it's multidisciplinary.

The contractor will look, for example, to have industry experts, family members, clinicians, residents, patient advocates, those that have specialty in infection, disease and control, administrators, et cetera. So there's more to come on that. You will be hearing more in the next week or so. So stayed tuned.

We also issued a number of flexibilities and waivers and of course, our interim final rule with comment. And through the recent IFC, the interim final rule that we released on last Thursday, we announced a delay in the reporting requirement for skilled nursing facilities to report of the transfer of health measures and certain standardized patient assessment data elements, known as SPADEs, and this is where providers were required to begin reporting in October of 2020. This delay provides the maximum flexibility that we can in response to the situation that we're in. And we're also actively engaged with stakeholders to modify the MDS version to meet stakeholder needs.

So I know that we started the reporting. We talked a lot about that on the last call for NHSN. So I want to go to my colleague, Evan, who will talk a little bit about the requirements, and then we also have our colleagues from the Centers for Disease Control and Prevention, who can give you some feedback on what we're seeing so far, helpful hints, and then we will hear from our guest speaker. So let me go straight to Evan. Thank you.

Evan Shulman: Thank you, Jean. Hi, everybody. This is Evan Shulman from the Division of Nursing Homes, and I double Jean's thank you for all our nurses out there, and of course, all facilities' efforts to improve the health and safety of nursing home residents. As Jean mentioned, we released an interim final rule with comment last week. And part of this was establishing new infection control

regulations. These are related to transparency, so for reporting to both the CDC and also to residents, their representatives and family.

As you know, prior to the public health emergency, nursing homes were already required to have written standards, policies and procedures, including knowing when and to whom to report possible incidents of communicable diseases to, such as reporting COVID-19 cases to local or state health authorities. The new requirements, which will be published in the federal register on May 8th and will be effective as of May 8th, will require facilities to report COVID-19 facility information on residents and staff to the CDC, and also, again, to residents, their families and their representatives.

More specifically, facilities will be required to electronically report this information through the CDC's National Healthcare Safety Network, or NHSN. This will be in a standardized format, and the requirement is for it to be done at least weekly. We plan to use the data that is reported to the NHSN to inform our national surveillance of the disease, and also, it will include information such as COVID-19 infections, total and related deaths, also information on medical supplies and staff. And more information on this can be found on CDC's website or the long-term care facility NHSN module.

Separate from this module, the new requirements also require facilities to inform residents, their representatives, and families of those residing at facilities, of confirmed cases of COVID-19 or clusters of respiratory symptoms amongst staff and residents. And again, consistent with our other requirements, reporting supports the overall health and safety of residents by ensuring they're informed participants in their care and that they receive, as well as provide assurances of the mitigating steps that the facility is taking to prevent and control the spread of COVID-19.

We recognize that the rule was just released last week and there may be a lot of questions, so earlier today – matter of fact, I think just a few minutes ago – we posted new guidance to nursing homes and to state and federal surveyors, on these new requirements. The guidance is a CMS memo, and it includes information on how nursing homes can start reporting on the NHSN system, who to contact for questions, and when they must start reporting. It also

includes updates to the COVID-19 focused survey for nursing homes that surveyors have been using, and also what facilities have been using as a self-assessment.

Information also includes action CMS will take to ensure that facilities adhere to the new reporting requirements, such as enforcement penalties if they don't report. There's information about where we will be posting the NHSN information, which will include facility names and numbers of cases. And we also included a list of frequently asked questions to help stakeholders understand, and more of the details of the expectations, and help them navigate the requirements.

We encourage facilities and all stakeholders to read this information on the CMS website for policy and memos to states and regions. And again, we want to thank you for all of your efforts out there. This is really difficult work, and we really appreciate all of the efforts that you've been putting forward to help protect the health and safety of nursing home residents.

With that, I'm going to turn it over to Jeneita from the Centers for Disease Control and Prevention. Jeneita?

Jeneita Bell: Hello, everyone. Thank you so much, Evan, for that introduction. My name is Jeneita Bell and I am the team lead for the long-term care facility component of NHSN.

I want to start my comments by thanking you all and expressing my gratitude for the sacrifice and commitment that you display each and every day in assisting nursing home residents and their families and loved ones during this hard time. As a physician and caregiver myself, I understand how difficult it is and how much courage it takes for you all to go out and do what you do. And my team as well, we have a number of clinicians on the team. They're definitely understanding and compassionate about the experience that you're going through.

We understand some of the anxieties that are associated with that, and including the anxieties associated with enrolling in NHSN. So I wanted to ensure you that we are staffed up to handle the enrollment that is happening

right now. I know many of you are in the process of enrolling so that you may comply with the CMS regulations. We are processing thousands of invitations for credentialing and enrollment requests through NHSN. And we're working very closely with CMS, and we have daily calls as a taskforce to keep them updated as to how we are progressing through this process.

I know that we have received emails and inquiries expressing concern over the process time of answering questions. We are in a process of addressing those. But as I mentioned before, we're keeping CMS abreast of what's going on. So we're all on your side and working together to make sure that the work is expedited on your behalf.

We've had a number of experiences through training sessions and webinars, answering live Q&As. We actually had one earlier today, and our next one is scheduled for tomorrow, so I encourage you to check our website to get more information about that. And through those experiences, we've learned a number of things or issues that facilities have encountered during the enrollment process. So I've invited my colleague, Dr. Angela Anttila on the call today to give you a few tips about enrollment for NHSN. So I'll hand it over to her now.

Angela Anttila: Thank you, Dr. Bell. Hi, everyone. I want to begin by echoing Dr. Bell's comments, and because of how I feel about what you all are going through on the frontlines, I have personally made it my mission to provide all of you with the support that you need to not only get through this enrollment process and reporting, but beyond this. And I just want to give you some tips for enrolling, and just remind you about some of the offerings that we have.

So remember, you will need that CCN, the CMS certification number, to get through your enrollment process. You need to have your NHSN facility administrator, who will be your point of contact, and that's likely the person who will enroll your facility. But during enrollment, you also have the option to add an additional contact person. And this is really helpful for those of you who work for corporations, and you are enrolling multiple facilities. It would be helpful to have someone who's your backup at each of the facilities.

We did today kick off our very first live question and answer session. I hope some of you were able to join that. And we were really nervous about it because it's the first time that we've done something like that within our group. And I have to say, I feel like it was very successful. We used a Zoom platform, which allow the users to actually talk to us and ask us live questions, where we can answer them live.

And we had a max capacity of 500 on the call, and we stayed at 500 just about the entire time. And we were able to answer a lot of questions and provide a lot of temporary enrollment ID numbers to those who needed those numbers, because in addition to the skilled nursing facilities and nursing homes, we also have assisted living facilities enrolling into NHSN, and those assisted living facilities will not have an independent – their own CCN number.

So if any of this applies to you all on the phone, just remember, if you are a large facility or a facility that has both a SNF nursing home as well as assisted living, it's really important that you enroll individually. So that means you would enroll your SNF/nursing home under your CMS certification number, and then for your assisted living facility, if you chose to enroll that facility and report, we will provide you with a temporary enrollment number that will allow you to get through the enrollment process and begin reporting.

But our next Q&A session is tomorrow at 2:00 p.m. Eastern time, and we hope that you are able to join. There is a registration link on our website, so I do encourage you to go to the website today and register. I will tell you, I logged in one hour prior to the beginning of our session today, and already had around 50 people, and we were full by 20 of the hour. So if you want to attend, I recommend that you register today, or first thing in the morning, and log in early so that you get your spot.

Aside from that, we do have our enrollment guidance documents and training on the website. I'm looking at our website now, and we do have the PowerPoint presentation, we don't have the recordings yet. Those recordings should go up this week.

And that's the updates I have for you. If you need to reach us or have questions or need assistance, please feel free to join one of our question and answer sessions, which we will be continuing each week. So stayed tuned for additional dates and times. But also, we have an email address at nhsn@cdc.gov, if you would like to send us an email. And I encourage you, in the subject line, to be specific, so put, LTCF/COVID-19 or LTCF/enrollment guidance, just so that it helps speed up the triage of your emails. And thank you.

Jean Moody-Williams: Thank you for all of that information. Very useful. And I want to now go and introduce our guest speaker. You've heard from CMS, you've heard from CDC, and we value the input from the field. So we'd like to turn to Denise Wolbert, who serves as the Director of Quality Performance for Baptist Homes Society in Pittsburgh, Pennsylvania. Denise?

Denise Wolbert: Thank you very much, and happy nurse's day, everyone. I have always been proud to be part of the skilled nursing community, but more so now. You have all stepped up, and it's just amazing. So thank you all for whatever you do.

We have talked about COVID and infection control processes and PPE and the residents, all of which are critical and which are important to know about. But I just wanted to talk a little bit about staff, because without staff we wouldn't be able to do the things that we do every day, and we wouldn't be able to care for the residents the way we care for them.

So I just wanted to talk a little bit about them very quickly, is what are you doing to support your staff during this really difficult time? And I think one of the things that I'm concerned about right now is COVID fatigue, and if that becomes the word you all use, I want credit for it. I'm just concerned with all the stress these last few weeks, these last seven weeks. They had so much stress on them about COVID and infection control processes and hygiene processes that they're beginning to stress out. So what are we doing to protect them and help them?

One of the things we've been looking at is communication, and one of the things we have done is we have a daily call. When I talk about staff, I mean all staff from the CEO down to the very frontline staff. We do a daily call for the CEO all the way down to the frontline supervisors. And that daily call is for questions and concerns and processes so that everybody is on the same page, and so that it quelches any rumors, and so the information that's given to the frontline staff is consistent.

We also took our infection prevention and made them the lead when it came to COVID, so that all the information about testing and screening and isolation and resident placement is consistent, and it comes from one source and one center of knowledge. We've done virtual town halls with the CEO. We've done memos and emails, which I'm sure you all have done, just to make sure there is constant communication out there.

I'm sure none of you have an issue with staffing, but we happen to have that here in Pittsburgh in the Allegheny county, because we are challenged with 60 skilled nursing communities, over 130 assisted living and 12 hospitals, all fighting for the same staff. So we're doing whatever we can to find staff and keep them. So I'm sure you're all doing incentives, you know. But are you doing anything special, anything to keep them there, COVID incentives to work on the COVID unit, and special shifts for them, accommodating them?

Our public transportation has decreased the number of routes, so we have to be flexible with staffing. In May and June, every employee, no matter what department they're in, gets a bonus. It's based on part-time, full-time and PRN, but still, every employee for those two months will get a bonus, just to say, "Thank you because you're here with us."

Our concern also is the mental and physical wellbeing of our staff. We have gyms and we have exercise classes that are now all canceled because of COVID. So we're looking at other ways to address their physical and mental wellbeing. We have a life assistance program through Cigna, that has a dedicated COVID component to it. We're doing online yoga and meditation and exercise and breathing programs, just focused for our staff.

And then we're trying to show them that we care. Our executive team is out in the buildings, passing trays. They're standing at the screening areas and saying hello to staff as they come in on their shift. One of the things that I found very valuable is meetings with the staff. And I know we're limiting the number of people, but they're scared. They're afraid to come into the building. They're afraid that they're going to get sick, they're going to bring something into the residents, they're going to bring something to their family. All they want is for us to validate that fear, to say, "I understand you're scared, and I appreciate you still coming in."

So having that talk, when you say to somebody as you're walking past, "How are you doing?" really stop and say to them, "How are you doing? How's your family? How are you dealing with the stress of having to come to work and then go home to your family? How are things working for you, and how can I help you?" That means the world to them. That shows them that you care.

Lastly, and please don't beat me up over this, but we have testing available in Allegheny County, here in the Pittsburgh area. And that breathed a sigh of relief into our buildings, because even though it's a small snapshot, when we were able to test our staff and test our residents, and they could go home to their families and say, "I'm negative," it was just a world of wonder for them. So testing is a saving grace for our staff. And they know that they can walk out and be positive the next moment, but right now it puts them back to base one, to ground zero, because they know they're negative.

So if I can tell you anything about your staffing, please make sure you take time out from COVID, and make it all about them. Ask them how they are. Thanks for letting me say those few words. I appreciate it.

Jean Moody-Williams: Thank you so much for bringing that, and very appropriate that the week that we're celebrating, and all the work that we do in the facilities. So I'd like to have some time for questions. So operator, if we could please open up the line for a few questions. And we can have questions for CMS, for Denise Wolbert, or CDC.

Operator: OK, one moment, please. All right. Ladies and gentlemen, at this time, if you have any questions, you will need to press "star" "1" on your cell phone keypad. To withdraw your question, press the "pound" or "hash" key. Please standby while we compile the Q&A roster. All right. We have our first question. Go ahead and state your name, please.

Male: Hello.

Alina Czekai: Yes, we can hear you.

Male: Hi. I have two questions. Number one, is CMS or CDC, considering a grace period for the NHSN reporting? I know other providers have experienced delays. We definitely have. We tried signing up a couple of days ago and we are not yet approved. So is that something that's going to be granted?

Evan Shulman: Hi, this is Evan. Yes, and this is all in the memo and frequently asked questions that we posted, that there is a grace period. It starts with a couple of weeks, followed by the third week, where facilities that haven't submitted will receive a warning letter, and then after the fourth week, we will begin imposing penalties for non-reporting.

Male: OK, thank you. So then also, along with the new reporting guidelines and what we need to notify families and whatnot, one of the things that's mentioned is reporting through a company – it says a website. I was wondering if postings on the local. state website would suffice, or does it need to be on the company website?

Evan Shulman: There are a few ways that facilities can notify families and loved ones of the status inside the building. I think we'd have to take a look if the state website would suffice to meet the requirements that are in the actual regulation for reporting. But in general, we do believe that the notifications should come directly from the facility.

This doesn't mean that we expect the facility to make personal phone calls to every single resident's representative. We do not expect that. But we do think that there are other ways that facilities can make information available, such as putting it on their website or having a recorded voicemail with updates, or

emails, or things like that. It really is incumbent on the facility to make the notification.

Male: Got it. Last thing, I'm wondering if there's been communication with the MAC about processing waiver claims. We're California-based, and we've heard from a number of other providers and seen it ourselves that Noridian is having a very hard time processing claims with the 60 day waiver. They don't really seem to understand how it all works. I'm wondering if there's been training provided to the MACs, and if there's ongoing communication with them.

Jean Moody-Williams: Yes. Well, we certainly have ongoing communication with the MACs and obviously have made them aware. But if you are having individual problems, we will note what you've just mentioned, but also, at the end we'll give you an email box that you can send that to, and we will follow up.

Male: Thank you.

Jean Moody-Williams: Operator? Yes, I think we should go to the next question, please. Thank you. Is there another question? Operator, are you there? Sounds like we may have lost – while we wait, maybe Alina, you could tell about how to submit questions.

Alina Czekai: Absolutely. Thanks, Jean, and thanks, everyone, for joining our call today. We do have CMS COVID-19 Office Hours tomorrow, Thursday, May 7th, at 5:00 p.m. Eastern, and that will be an opportunity to ask more technical questions of our CMS subject matter experts. And in the meantime, please continue to direct questions to our email box, which is COVID-19@cms.hhs.gov.

And again, we appreciate all that you're doing for nursing home residents and their families around the country as we address COVID-19 as a nation. Hope you all have a great rest of your day. This concludes today's call.

Operator: Ladies and gentlemen, this concludes today's conference call. Thank you for participating. You may now disconnect.

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