Centers for Medicare & Medicaid Services
Skilled Nursing Facilities/Long-Term Care Open Door Forum
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Webinar recording:
https://cms.zoomgov.com/rec/share/sUdbnsJtjtKlZWai5xdvAwKkBwZCmHtoeklvPEumYL6w2pTGBxVqX1_LZ2oTq_2-.RcbQV1JMGfpmNgVN?startTime=1712080931000
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Jill Darling: Hello, everyone. Welcome. We are just going to give another minute to get more participants in. Thank you.

(Recording begins)

Jill Darling: Great. Thank you so much. Good morning and good afternoon, everyone. I'm Jill Darling in the CMS Office of Communications, and welcome to today's Skilled Nursing Facilities (SNF)/Long-Term Care Open Door Forum (ODF). Before we begin our agenda, I do have a few announcements. Again, thank you for your patience as we waited for more participants to enter the webinar. This webinar is being recorded. The recording and transcript will be available on the CMS Open Door Forum podcast and transcript webpage. That link was on the agenda that was sent out, and I will supply that for you in the chat. If you are a member of the press, please refrain from asking questions during the webinar. if you have any questions, please email press@cms.hhs.gov. All participants are muted upon entry. For those who need closed captioning, a link was provided, and I will provide it again for you in the chat function.

For today's webinar, there are no slides, just the agenda slide you see today. And I will provide a resource slide during the Q&A portion of the call. We will be taking questions at the end of the agenda today. We note that we will be presenting and answering questions on the topics listed on the agenda during today's call. We ask that any live questions relate to the topics presented during today's call. If you have any questions unrelated to these agenda items, we may not have the appropriate person on the call to answer your question. As such, we ask that you send any of your unrelated questions to the appropriate policy component, or you can send your email to the ODF resource mailbox that I will provide and will be on the resource slide as well, and we will try to get your question to the appropriate component for a response.

You may use the raise hand feature at the bottom of your screen, and we will call on you when it's time for Q&A. When the moderator says your name, please unmute yourself on your end to ask your question and one follow-up question, and we will do our best to get to your questions. Before I turn it over to John Kane, I just want to mention I did receive a few emails regarding the registration link and some people having issues trying to get into an Open Door Forum. It would reroute people back to the registration link. We are looking into it, so just letting everybody know that did email me. Thank you, and so we're working on that, and we'll let you know when we get it resolved. So now I will hand the call off to John Kane.

John Kane: Hey, Jill. Thank you, everyone, for being on the call today. So wanted to speak about the proposed rule that was just published or just posted last week on March 28. This is CMS 1802-P, the FY 2025 PPS (Prospective Payment System) proposed rule. Comment period on this rule, I believe will close on May 28, so make sure that you get your comments in before then. I'm going to speak about the payment portions of the rule, and I'll turn it over to my colleagues to talk about some of the other important issues that are—that are—proposed in this rule. As far as the payment provisions of the proposed rule for FY 2025, we are estimating that these payment policies will have an aggregate impact increasing payment rates for FY 2025 at approximately 4.1% or $1.3 billion. This is based on a 2.8% proposed SNF market basket increase plus a 1.7% market basket forecast error correction, and then less a 0.4% productivity adjustment.

Talking about the market baskets, one of the proposals that we have in this proposed rule was to update the base year that we use for the SNF market basket updates. Currently, the base year is 2018, and we proposed in this year's rule to update that base year to a base year of 2022. We believe that this will help to better ensure accuracy and appropriateness of our payment rates. In addition to that, we also had proposed to update the SNF PPS wage index to utilize updated OMB (Office of Management and Budget) delineated CBSAs (Core-Based Statistical Areas) as found in OMB Bulletin 23-01, and we believe that this again will also help to improve the accuracy of our—of the SNF PPS wage update and our general rate update each year. In addition to those rate updates, we also had a couple of other things in the payment section of the rule, the first being that we had proposed just a few revisions to the ICD-10 mapping that we utilize under PDPM (Patient Driven Payment Model). As you know, these ICD-10 mappings are utilized for, among other purposes, to classify patients under PDPM based on their primary diagnosis. And each year we propose a variety of different changes to the ICD-10 mapping based on stakeholder feedback on review by our own clinicians and based on feedback that we receive each year, sometimes in rulemaking. So, for this year, we proposed just a few changes to our ICD-10 mapping, and we certainly invite your comments on that.

And speaking of inviting comments, the other aspect of our proposed rule that I wanted to mention is a Request for Information (RFI) in relation to potential future updates to the Non-Therapy Ancillary, or NTA, components of PDPM. So as all of you know, PDPM was implemented on October 1, 2019. The system hasn't really been updated much since then. We've updated the payment rates, but we haven't really changed much of the underlying payment model since we've implemented PDPM. And based on our own analysis and some of the things that we've talked about in rulemaking in past years as well as stakeholder feedback that we've received over the years, we felt it appropriate to consider ways that we might update PDPM based on changes in patient population, changes in care provision. And the area that we felt appropriate to start with was the Non-Therapy Ancillary component, and so we have Requests for Information in our proposed rule where we provide some information and some areas that we believe that people can react to, and so we certainly invite your comments on that RFI. With that, I’m going to pass the call to my colleague, Heidi Magladry, who will talk about the SNF QRP (Quality Reporting Program) program. Heidi?

Heidi Magladry: Thanks, John. So, I'm Heidi, and I'm going to walk through the SNF QRP proposals included in this rule. In this year's rule, we're proposing to require SNFs to collect and submit through the MDS (Minimum Data Set) for new items under the Social Determinants of Health (SDOH) category. These items would collect information on living situation, food, and utilities. We are proposing SNFs will begin collecting these items on admission beginning October 1, 2025, for the fiscal year 2027 SNF QRP.

Our second proposal is to modify the transportation assessment item currently collected on the MDS with the version developed for the Accountable Health Community (AHC) Health-Related Social Needs Screening Tool. This will lead to an aligned formatting with the transportation—of transportation item with the four new proposed items I just discussed. We are expecting these new items to help SNFs identify potential social needs so the SNFs may address those with the resident, their caregivers, and community partners as part of the discharge planning process. Additionally, including these items on the MDS would also bring the SNF QRP into alignment with similar categories that are being collected in the hospital inpatient Quality Reporting Program as part of the screening for social drivers of health measures.

Our third proposal is to adopt a validation process for the SNF QRP as mandated by the Consolidated Appropriations Act (CAA) of 2021. To validate the MDS data, we are proposing a method that is closely aligned with the validation process we adopted for the SNF VBP (Value-Based Purchasing Program) in the fiscal year 2024 SNF PPS final rule. Finally, we're seeking feedback on future measure concepts under consideration for the SNF QRP. The concepts in this year's RFI include immunization, pain management, depression screening, and patient experience of care and patient satisfaction measures. That's all I have for the SNF QRP proposals today, and I will hand that off to my colleague, Christopher Palmer, to discuss the SNF VBP proposals.

Christopher Palmer: Thanks, Heidi. Good afternoon, everyone. I'm going to walk through the SNF VBP policies included in the FY 2025 proposed rule. As far as the very brief background is concerned, the SNF VPB program was established as part of the Protecting Access to Medicare Act in 2014 with one measure, the Skilled Nursing Facility 30-day All-Cause Readmission Measure (SNFRM). And the Consolidated Appropriations Act of 2021 allowed—authorized—the program to add up to nine additional measures, bringing it to a potential 10 measures. Currently, it includes eight quality measures, including measures derived from Payroll-Based Journal (PBJ) data, Minimum Data Set data, and Medicare Fee-for-Service (FFS) claims data. And the VBP is a pay-for-performance program. CMS withholds 2% of SNFs' Medicare fee-for-service Part A payments to fund the SNF VBP, and this 2% is referred to as the "withhold," and we redistribute between 50 and 70% of this withhold to SNFs as incentive payments, depending on their performance in the program.

In this year's rule, the updates to the SNF VBP program are mainly minor quality measure and administrative based updates, as we largely let things rest following last year's program expansion, in which we added four quality measures. There are two main proposals this year I

would like to highlight. The first is we are proposing to adopt a policy that would allow us to update previously finalized SNF VBP measure specifications using subregulatory processes to incorporate technical measure updates. We are also proposing to use subregulatory processes to update the numerical values for the performance standards for a measure that measures specification test that have been technically updated. These technical measure changes may include, but are not limited to, updates to the case mix or risk adjustment methodology, changes in exclusion criteria, or updates required to accommodate changes in the content and availability of assessment data. We would still use rulemaking for substantive measure changes, including changes in which the changes to a measure are so significant that the measure is no longer the same measure.

The second proposal we are introducing is a proposal—is a new measure removal policy to align with the measure removal policy currently in place with the SNF Quality Reporting Program. We believe that a similar removal policy in the SNF VBP program would help us ensure that the program's measure set remains focused on the best metrics for assessing SNF quality. And that pretty much sums things up for the SNF VBP program for this year's role. I'll now pass it on to Rico for an update on nursing home enforcement.

Rico Lachica: Thanks, Christopher. Good afternoon, everyone. My name is Rico Lachica and I'm an Enforcement Subject Matter Expert for the Division of Nursing Homes. I'll be going over new enforcement regulations that were proposed in the SNF PPS FY 2025 rule. In February 2022, the Biden-Harris Administration released the fact sheet on Protecting Seniors by Improving Safety and Quality of Care in the Nation's Nursing Homes.

As part of the fact sheet, the White House called for enhancing accountability and oversight of the nation's nursing homes by expanding financial penalties and other enforcement sanctions. In response to this, CMS has proposed the following regulation changes. The first is to allow per instance and per day civil money penalties, or CMPs, in the same survey. Our instance and per day CMPs are currently not allowed to be imposed for the same survey. We believe that by removing these restrictions, it will allow CMS to be more flexible and impose CMPs in a manner that more addresses the types of noncompliance and risk to resident health and safety that occur. These proposed revisions are not intended to expand the type of deficiencies that are subject to per day and per instance CMPs. CMS would continue to follow the existing criteria for imposing CMPs, including imposing a per day or per instance CMP for noncompliance that occurred prior to the start of the survey. Rather, these proposed revisions would allow for more consistent CMP amounts imposed across the nation and expand the current enforcement to allow for additional CMPs that more closely align with the noncompliance that occurred.

And the second enforcement proposal is to allow multiple per instance CMPs for the same noncompliance in an F-tag. The current regulations allow CMS to impose one per instance CMP or F-tag deficiency in a survey. We believe there's a need for increased flexibility to impose additional per instance CMPs for multiple instances in noncompliance that weren't enforcement regardless of the F-tag number the noncompliance was cited at. This proposed revision will allow CMS to impose multiple per instance CMPs for the same type of noncompliance in a

survey, thereby incentivizing facilities to take meaningful steps to permanently resolve their deficiencies. This proposed regulatory change would also provide more opportunities to impose CMPs in a manner that is consistent with a congressional mandate to ensure that residents are protected from harm that often result in facilities with multiple occurrences and noncompliance. Because these changes focus more directly on the severity of the noncompliance itself, we anticipate that not only will they better protect nursing home residents and encourage lasting compliance, they'll also create more consistency in the amount of imposed CMPs.

So those are the enforcement regulation proposals included in the SNF PPS rule—proposed rule, and we look forward to hearing feedback on these proposals through the rule's comment period. Now, I'll hand it back over to Christopher to continue with the next segment of the call.

Christopher Palmer: Hi everyone, I'm back again with a quick update and reminder about the SNF VBP confidential feedback reports, which are located in iQIES (Internet Quality Improvement and Evaluation System). First, a quick reminder on how to access the reports, just in case you're unaware. Our confidential feedback reports are located in iQIES, and access must be requested in order to log into iQIES by creating a HCQIS (Health Care Quality Information Systems) Access Role and Profile, or HARP, account. Instructions for logging into iQIES with HARP can be found on the iQIES website at iqies.cms.gov. Once you're logged into iQIES, you select the Reports menu and these days, there should be an alert that new reports are available. To locate reports, you then go to Select My Reports and select the MDS 3.0 Provider Preview Reports. There will be a list of all available reports within the folder for review. You locate the desired SNF VBP Quarterly Confidential Feedback Reports, which should have a file name of something like "snfvbp_ccn_reportname.xlsx" for your perusal. And there's a link on the resources slide with more information on helping to obtain access to your reports in iQIES.

We just wanted to remind you that accessing the iQIES reports provides insight into how your facility is performing on quality metrics in the SNF VBP program and that it's useful to share this information with others in your facility that may be able to use it to improve quality of care. For example, staff working on quality improvement initiatives. And as a reminder, our March 2024 Quarterly Confidential Feedback Reports for the FY 2025 SNF VBP program are now available to be downloaded via iQIES. These reports contain interim day-level data and do not contain facility-level data and results for the SNF 30-Day All-Cause Readmission Measure, or the SNFRM, for October 1, 2022, to June 30, 2023, or the first three quarters of FY 2023, which are part of the FY 2025 SNF VBP program performance year. I should note that since this is interim data, it is not eligible for our Review and Correction (R&C) process. And also note that iQIES contains recent exclusive confidential feedback reports that show SNFs' quality performance by dual status and race and ethnicity. I believe those went out in October of last year if you haven't had a chance yet to check those out. And now, I'll pass it back to Heidi for some additional SNF QRP and MDS updates.

Heidi Magladry: OK, thanks Chris. I want to provide some information about some currently available SNF QRP trainings. First, on March 26, we hosted a webinar titled SNF QRP: Achieving a Full APU (Annual Payment Update). This training was originally provided in 2021

but has been updated. The webinar covers updates to the SNF QRP lifecycle, the Minimum Data Set and National Healthcare Safety Network (NHSN) collection and submission requirements, available iQIES and NHSN reports, the reconsideration for providers who are identified as noncompliant, and helpful resources. For those who are unable to attend the webinar, we anticipate posting a recording of the training in the coming weeks. However, the slides are currently posted on the SNF QRP training page in the Downloads section. I would encourage all providers to review this information to ensure your SNF is poised to meet all of the SNF QRP reporting requirements.

The second training I would like to highlight is an upcoming webinar titled Office Hours Reporting Annual Health Care Personnel Influenza Data. Originally hosted in February, there will be a replay of the webinar on April 25 at 2:00 Eastern Standard Time. Please register for the webinar by going to the web page that's listed on the agenda. I'd also like to note that this page contains many other resources to assist providers with reporting the health care personnel influenza data including long-term care facility-specific training slides. The annual health care personnel influenza data is due May 15, 2024.

Moving on to my final agenda item, I would like to remind providers and the vendor community that the Draft MDS Data Specifications Version 3.02.0 were posted on the MDS 3.0 Technical page on March 4. These draft specifications will support the MDS Version 1.19.1, which will go into effect October 1, 2024. CMS will host the MDS Technical Information call for software vendors and developers on April 11, 2024, from 1 to 2 Eastern Standard Time. This vendor call will cover topics such as the MDS data specifications, Validation Utility Tool updates, or VUT updates, iQIES submission system updates, and submitted questions and answers. We encourage stakeholders and vendors to review the posted draft data specifications. And with that, I'll hand it over to Ellen Berry for an iQIES User Interface update.

Ellen Berry: Thanks, Heidi. As of October 1, 2025, CMS will no longer update the iQIES MDS User Interface, also known as the UI, the manual entry aspect of iQIES for MDS completion and submission. Providers will need to use vendor, third-party, or company software to complete and submit MDS records via the XML upload process. As I have mentioned on previous ODFs, the iQIES MDS UI has many limitations. First and foremost, it is not interoperable with any EHR (Electronic Health Record) software. CMS has and continues to encourage interoperability, which we are supporting by subsetting the UI. Another major factor is low usage as well as other reasons. The take home for providers who only use the iQIES MDS UI for MDS submission, begin researching your needs with regards to MDS software. Conduct your homework with the available options and have a replacement in place prior to October 1 of 2025. I will now pass the mic to Christine Teague.

Christine Teague: Thank you, Ellen. On March 24, 2024, CMS posted QSO (Quality Safety and Oversight) Memo 24-08 for nursing homes, providing guidance to state agencies and long-term care facilities on the use of Enhanced Barrier Precautions (EBP) in nursing homes to prevent the spread of Multi-Drug Resistant Organisms (MDROs). This is to align with nationally accepted standards. And the guidance in the memo went into effect yesterday, which was April 1, 2024.

Long-term care facilities should use the guidance in the memo in conjunction with CDC recommendations and Frequently Asked Questions to ensure their compliance with the requirements. And I will turn it back over to you, Jill.

Jill Darling: Wonderful. Thanks, Christine. And thank you to all of our speakers today. We will be going into the Q&A part of the webinar now. So, I see we do have a few folks who have raised their hand, but we'll give it another second for more folks to have the opportunity. And a reminder, if you see a link or an email on the screen and you would like us to put it in the chat for you, please let us know.

Moderator Jackie: All right, I see Susan. Susan, you are able to unmute yourself.

Susan LaPadula: Hi, good afternoon. Thank you for this opportunity. My question is for Ellen Berry. In reference to the software change for October of 2025, will we have a chance to do beta testing prior?

Ellen Berry: Are you with a provider or a software vendor?

Susan LaPadula: Provider. And we use multiple vendors across the country.

Ellen Berry: Well, your vendors have the VUT that's available to test their product, and as long as it passes the VUT, their software should not have an issue.

Susan LaPadula: What if we develop our own as a provider?

Ellen Berry: You can use the VUT.

Susan LaPadula: OK.

Ellen Berry: You would use the VUT to test your software. Yeah.

Susan LaPadula: Wonderful. Thank you so much.

Ellen Berry: You're welcome.

Moderator Jackie: All right. The next hand I see is Joel. Joel, you're able to unmute yourself.

Joel VanEaton: Hi, can you hear me?

Moderator Jackie: Yes.

Joel VanEaton: OK, great. A couple of questions if I could. First of all, with the major changes that are getting ready to happen, or at least proposed, related to the NTA. So, this would be a question for John. Would CMS consider a phased approach with that as opposed to really

making those major changes to the NTA schematic in one year? That's just a comment and I'll probably comment on that in the comment period, but I just want to throw that out there. Secondly, a question about the proposed SNF QRP validation process, which is intended to sort of mirror the VBP, which was finalized last year in the final rule. Could you give us some indication as to what sorts of agencies would be involved in that validation process? Thank you.

John Kane: Hey, Joel, this is John Kane. So, with regard to your question about the NTAs, so at this point, we have not proposed anything. We are just in information seeking mode, providing some information for folks to react to and get comment about. So, we are not at the point of talking about implementation or talking about phases or anything like that. Right now, it's just putting some information out and trying to get some feedback on where our thinking is right now.

Joel VanEaton: OK, thank you.

Moderator Jackie: All right, the next hand I see is Karen. Karen, you're able to unmute. Karen, you're able to unmute yourself.

Heidi Magladry: Hey Jackie, this is Heidi with the SNF QRF. I think Joel had a second question, but I'm really kind of unsure what his question was. Joel, if you can clarify for me, are you asking me—you're asking about the SNF QRP and the SNF VBP validation program, and you're asking—are you asking who will be doing the validation or who's eligible for the validation, if you could clarify that? OK. Joel, if you want to send in your question. Oh, go ahead.

Joel VanEaton: I'm sorry. I was—the unmute thing just came up again. Yeah, thank you. Just clarify what sorts of agencies would be involved in actually doing the validation. So, like who would we send the records to and so forth? Would that be a MAC (Medicare Administrative Contractor), or would that be other agencies that CMS would contract with?

Heidi Magladry: That would be another agency that CMS would contract with, and that information would be forthcoming.

Joel VanEaton: OK. All right. Thank you.

Heidi Magladry: You're welcome.

Moderator Jackie: All right. I think it was Karen, but she wasn't able to unmute. Karen, you are able to unmute if you do have a question. All right, we will move on and come back to her. The next hand I see is Tiffany. Tiffany, you're able to unmute yourself. Tiffany, you're able to unmute yourself. OK, we will move on and come back to her. The next hand I see is Stephanie. Stephanie, you're able to unmute yourself.

Stephanie Trainer: Hi, can you hear me?

Jackie: Yes.

Stephanie Trainer: My question is, can you please provide guidance on whether Enhanced Barrier Precautions would be included with Transmission-based Precautions for completion of the matrix, the CMS 802, please?

Christine Teague: Hi, this is Christine from the Division of Nursing Homes. So, at this time, Transmission-based Precautions on the matrix is still completed, but Enhanced Barrier Precautions are separate from Transmission-based Precautions and are not included on the matrix at this time.

Stephanie Trainer: Thank you.

Moderator Jackie: All right. The next hand that I see is Pete. Pete, you're able to unmute yourself.

Pete Van Runkle: Thank you. I have a question for, I believe it would be Heidi, relating to MDS. And last fall after implementation—after the 10/1 implementation of the changes that took—took back then, there were some issues with generating HIPPS (Health Insurance Prospective Payment System) codes, correct HIPPS codes. And it's my understanding that the state Medicaid agencies were never provided with the corrected HIPPS codes. And I was wondering if that has been corrected or if that is still an ongoing issue and CMS was providing that—those data to the agencies, the Medicaid agencies.

John Kane: Hi, so this is John Kane. We were made aware of an issue with the calculation of certain HIPPS codes. I'd have to look into whether or not it was something that was touching the state Medicaid agencies. I think that that might be an aspect that I'm not familiar with, but there was an issue that was raised to us with regard to HIPPS calculations. There was a change that was made a little bit ago, a while back, that updated the Grouper, and I think that there were some other issues that were also brought to our attention. So, I would check with the—the—Grouper web page to make sure that you're utilizing the most up-to-date Grouper. And then again, there may be some additional information that's forthcoming as well.

Pete Van Runkle: Thank you. It would be for…

Ellen Berry: Hi, this is Ellen Berry.

Pete Van Runkle: I'm sorry, go ahead.

Ellen Berry: This is Ellen Berry. iQIES did send the state updated files, updated files, and if they still have issues, they should reach out to the iQIES help desk.

Pete Van Runkle: Thank you, Ellen.

John Kane: Thanks, Ellen.

Moderator Jackie: All right. The next hand I see is Honor. Honor, you're able to unmute yourself.

Honor Chriscoe: Hi, thank you. My question is related to the upcoming VBP measure for long-stay hospitalizations. Currently, there is no resident level or confidential feedback information for that measure, and I am asking if it could be or will be released so that we are able to use that for quality assurance purposes.

Christopher Palmer: Thanks, Honor, for the recommendation. You are correct. I think I can say that we are in the midst of working on some updated reporting on the expanded measures for the program, and you'll be seeing news on those forthcoming.

Honor Chriscoe: OK, thank you.

Christopher Palmer: Yep.

Moderator Jackie: All right. The next hand I see is Elizabeth. Elizabeth, you're able to unmute yourself.

Elizabeth Kurpiewski: Hi, I have a question about EBP. OK, so my first question it says, when we do our assessment, do we do it on admission, readmission or when the patient will have the infection or there's a change in condition?

Christine Teague: What type of assessment is it that you're referring to?

Elizabeth Kurpiewski: That to—you know, if that person like, let's say if person is coming back from the hospital or is a new admission, and when we do our assessment, we find out that the patient has the MDRO or has the medical devices. That's—that's—the kind of assessment. So, we can identify who needs to be on EBP (Enhanced Barrier Precautions).

Christine Teague: Correct, so that should be done on an ongoing basis. That would be whenever the resident is admitted, whenever they go out to the hospital, they're readmitted, return to the facility. If they have a change in condition, if they have a new wound, that may change their status as far as needing to use EBP. A change in their indwelling catheter or indwelling medical device. All those things would necessitate the facility to reevaluate the resident to determine whether or not EBP are appropriate.

Elizabeth Kurpiewski: OK. And then a second question is that, OK, so for the use of gowns, if we do have washable gowns, can that person wear the same gown for the same patient for the same shift?

Christine Teague: So, you would reuse the gown multiple times during the shift?

Elizabeth Kurpiewski: For the same patient.

Christine Teague: For the same patient?

Elizabeth Kurpiewski: Yeah.

Christine Teague: OK. If you could please send that question into our mailbox, we'll have a response sent back to you. And that mailbox is the DNH underscore, that's DNH_triageteam@cms.hhs. And I see Jill has put it in the chat box also.

Elizabeth Kurpiewski: OK. OK. That's it. Thank you.

Christine Teague: Thank you.

Moderator Jackie: All right, the next hand I see is Felisha. Felisha, you're able to unmute yourself.

Felisha Alderson: Hi, can you hear me?

Moderator Jackie: Yes.

Felisha Alderson: Great. Thank you for taking my question. My question is also about the EBP. So, on a call with our state organization today, we were told that if a person is on EBP, that if they're in a therapy gym, that the therapists need to wear a gown and gloves while caring—while doing their therapy. But if they're out in the main part of the building, not in the gym itself, they don't have to wear the gown. And also, that if we're doing a transfer outside of a room, we don't have to wear a gown, but if we're inside the resident's room, we do have to wear a gown. That seems counterintuitive to me. So, I wanted to clarify that that is, in fact, the correct process.

Christine Teague: So, the information you received is correct. This is Christine, I'm sorry, from Division of Nursing Homes. If the therapist is performing therapy, whether it's occupational, physical, whichever type of therapy, and they anticipate prolonged close contact with the resident, perhaps a lot of contact helping them to strengthen and transfer or ambulation. While they're in that rehab gym, they would use gowns and gloves for those activities because of the prolonged contact. If the resident is out in the hallway and they are not having a lot of close contact, the recommendations right now are when they're doing it in the therapy gym or in their residents' rooms. If…

Felisha Alderson: I'm sorry, go ahead.

Christine Teague: OK. If staff take a resident, they take them into the dining room and they transfer them to the chair, that is a very short time, limited close contact with the resident. It is

different than when you are in the resident's room when activities that are high-contact care activities are bundled together where you may be doing multiple things with the resident—transfers, toileting, changing, that sort of stuff. So, when it's multiple items that are bundled together, that's what separates the difference between, I'm just going to do a quick transfer in the dining room, which has a very short close contact period versus in their room when I'm doing several activities with them or a very close, prolonged close contact.

Felisha Alderson: So, if we're doing the same kind of transfer that we would do in the dining room in their room, not multiple things at one time, they would not need to gown and glove for that. Only if it's multiple items that they're doing for that resident in the room.

Christine Teague: So, they should be using them in the room. The recommendations are for use in the room.

Felisha Alderson: Even if it's a short one transfer and you're out.

Christine Teague: Yes, because they are in the resident's environment at that point.

Felisha Alderson: OK. Has anybody done any kind of study to see what the increased cost is going to be for gowns and gloves because of this and how it's going to affect the psyche of our residents that we're now going to be having to wear gowns and gloves all the time in their rooms?

Evan Shulman: Hi, this is Evan Schulman from the Division of Nursing Homes. I just wanted to just notify everyone. We are merely embedding CDC's recommendations into our guidance. So, if there are questions like that, I would encourage you to reach out to the CDC, who are the owners of the studies and the recommendations for this.

Moderator Jackie: All right. Was the question finished for that one?

Felisha Alderson: Yes. Thank you.

Moderator Jackie: OK. OK. Just making sure. The next person I see is Cody. Cody, you are able to unmute.

Cody Reber: Yes, Hi. Thanks for taking my question for today. In this FY 2024 SNF proposed rule, CMS proposed SNFs would be required to contract with a CMS-approved CoreQ survey vendor to administer the CoreQ Short Stay DC (Discharge) Measure survey on behalf—on their behalf and submit the results. However, all CoreQ survey requirements removed prior to the publication of the FY 2024 SNF final rule and were not present in the FY 2025 SNF proposed rule issued last week. Instead, the proposed rule includes a request for feedback on the concept of patient experience of care, patient satisfaction for the SNF QRP. So, my question is, when does CMS plan to propose updated satisfaction survey requirements for Skilled Nursing Facilities, and will they no longer be based on CoreQ survey instruments or questions?

Heidi Magladry: Hi, this is Heidi. As you kind of summarized for us, we did propose the CoreQ in last year's rule, and we did not finalize that proposal. We remain very committed to the adoption of a patient experience of care or patient satisfaction measure in the SNF QRP. However, there are some prolonged timelines that may be associated with us getting to a point where we're ready to propose something of that nature again, and any future plans will be communicated through the rulemaking process, and that's what I can provide at this time.

Cody Reber: OK, thank you.

Moderator Jackie: All right, the next hand I see is Cynthia. Cynthia, you are able to unmute yourself.

Cynthia Pendleton: Hi, thank you for taking my question—questions, I have a couple. The first one, with the changes to the MDS coming in October, is there any plans to remove the reporting requirement through NHSN for resident vaccinations?

Evan Shulman: Hi, this is Evan Shulman. So that's out of the scope of this rule. We couldn't comment on that at this time because that is an existing regulation that's not part of this proposed rule.

Cynthia Pendleton: OK. And then my second question, could you elaborate a little bit more on the multiple per instance CMPs? Are we talking about for things that are scoped at an F?

Rico Lachica: Hi, this is Rico Lachica. For the multiple per instance CMPs, it would follow the current criteria that CMS uses for imposing per instance CMPs. And generally, they do, they are for deficiencies that are cited at F or higher.

Cynthia Pendleton: In the substandard quality of care?

Rico Lachica: Correct.

Cynthia Pendleton: OK. Thank you.

Moderator Jackie: All right. The next hand that I am seeing is Colin. Colin, you're able to unmute yourself.

Colin O'Reilly: Good afternoon. Thank you for taking my call. This relates to the Enhanced Barrier Precautions in the pediatric population. Given the inclusion criteria of having an indwelling catheter, I do believe that there's a discrepancy between CDC guidance and the CMS notification to start yesterday. My question is that in the pediatric population, approximately near a hundred percent of our residents have an indwelling catheter as a G-tube. So, this guidance would then extend to almost a hundred percent of our residents. I'm just wondering the

considerations for that, given the anticipated negative impact on their emotional and psychological development.

Christine Teague: Hi, this is Christine Teague. So, the long-term care requirements for participation apply to all long-term care facilities that are certified by CMS for Medicare and Medicaid. If you have questions about particular things regarding the pediatric implementation of EBP, we would recommend that you reach out to the CDC for those type questions.

Colin O'Reilly: So, I know. I'm just highlighting the difference between the CDC guidance is currently for individuals identified with MDROs (multidrug-resistant organisms), and that guidance does not expand to all patients with indwelling catheters. In the pediatric population, it's basically a requirement to be in a long-term care facility to have one of those gastrostomy tubes. So, in effect, a hundred percent of our patients would now apply to this measure, not just individual patients within a unit.

Christine Teague: Right. We'll take a look into that. If you could send your question into the DNH triage team mailbox.

Colin O'Reilly: Absolutely.

Christine Teague: Yes. Yep. And we'll get back to you on that one.

Colin O'Reilly: Excellent. Thank you.

Christine Teague: Thank you.

Moderator Jackie: All right. The next hand I see is Jenn. Jenn, you're able to unmute yourself.

Jenn Brown: Good afternoon. I was wondering when we'll be able to see the actual survey guidance and resources updated related to FA 80 regulation updates to include Enhanced Barrier Precautions.

Christine Teague: Hi, this is Christine Teague. So, the regulations and the guidance were released in the memo, and the guidance will be incorporated into the SOM (State Operations Manual) with the next SOM update. And I do not have the date for that release yet.

Jenn Brown: Right. And in there it says, the non-targeted MDROs are at the discretion of the facility with no real way to discern what's important or not. Reaching out to both the state infection committees, the state and local health departments. Only one of those is actually reportable by long-term care facilities. So, is there going to be guidance on these important though non-targeted MDROs and how to incorporate whether or not Enhanced Barrier Precautions are needed?

Christine Teague: Yes. So, the CDC does have recommendations about—they're calling them— those non-targeted—they're calling those epidemiologically important MDROs for the use of Enhanced Barrier Precautions. And they do have information on their website as well as within their Frequently Asked Questions document that are referenced in the memo.

Jenn Brown: Yeah, it just says, "at the discretion of," and they have no potential end dates, and they can't tell you how long they should or should not be in any type of precautions for those, especially MRSA (methicillin-resistant staphylococcus aureus), ESBL (extended spectrum beta-lactamase), etc.

Christine Teague: Right. So, the websites that we posted for this CDC are within that memo. Those are the websites that I was just referencing for you to look at.

Moderator Jackie: All right. Is that question answered? OK, I'll take that as a yes. We'll move on. Let's see, Marlene, it looks like your hand is raised next to unmute.

Marlene Wolpert: Hi. Yes, thank you. Will there be a grace period before CMPs might be issued for noncompliance with Enhanced Barrier Precautions?

Evan Shulman: This is Evan Shulman. Again, there's no grace period. We know that Enhanced Barrier Precautions has actually been out for quite some time from the CDC. We are including it in our guidance. And I think there's also, you'll find in our guidance that we did try to give facilities as much flexibility as possible to be creative in how to identify residents with—that require Enhanced Barrier Precautions. So, the information has been out for a while. We'll continue to evaluate it as it progresses, but there's nothing stated in our guidance about any grace period, and we think providers should be able to adopt this. But we will continue to monitor. And again, for further questions on this, I would really encourage you all to reach out to the CDC.

Marlene Wolpert: Thank you.

Moderator Jackie: All right, the next hand I see is Sheila. Sheila, you're able to unmute yourself.

Sheila O'Gara: Hello?

Moderator Jackie: Yes.

Sheila O'Gara: Hi. I'm calling regarding some specific types of therapy that we do with residents with trachs and with the EBP requirements. When you're using things like a speaking valve or an HME (Heat Moisture Exchanger) to cover a trach, are we required to use EBP while placing that device on the trach?

Christine Teague: Hi, this is Christine, again, from the Division of Nursing Homes. So, when you're providing care to that trach, which would be the removal or insertion of devices related to that trach, that is a time that EBP would be implemented.

Sheila O'Gara: OK. And for a resident who is on a ventilator with inline suctioning, do you have any, is that the same?

Christine Teague: If you're providing care to the resident with a ventilator, they have an indwelling medical device, then EBP are indicated.

Sheila O'Gara: OK. And just one more question. The signage requirements, I know it's kind of contraindicated. There's the orange sign with all of the details on it, and then there's also the statements on making sure it's a home-like environment. We have about—we are also a pediatric facility. About 98% of our residents are affected by this. So that's 168 orange signs around in people's rooms. Is there a requirement to have the sign, or does an order in our EMR (Electronic Medical Records) and training to all of the staff fulfill that?

Christine Teague: So, in the QSO (Quality Safety Oversight) memo that we just released, we do have information in there that states that facilities have the discretion on how to alert the staff as to which residents do require the use of Enhanced Barrier Precautions. We do not require that the sign be on the door. However, they have—the facility must have an effective way of communicating to their staff which residents would require the use of EBP and what those EBP activities are. So, your training, as you suggested that train the staff on all the activities that require the use of EBP, and you have a system in place that is effective so that the staff know who they would use their EBP for. If that is something that you are able to accomplish by an alternate method that doesn't involve that big sign on the door, you have the discretion to do that.

Sheila O'Gara: OK. Thank you.

Moderator Jackie: All right. I think we have time for maybe one or two more. Jessica, you are next in line. You're able to unmute yourself.

Jessica Jackson: Hi. My question was regarding the Enhanced Barrier Precautions as well, specifically the storage of the PPE (personal protective equipment). Can it be stored inside the room, or does it have to be on the outside of the room?

Christine Teague: Right. So, this is Christine, again, from Division of Nursing Homes. So, storage inside of the room could be a problem in your facility from the aspect of once you've taken it into the room, you cannot take it back out and use it in—for a different resident. There is some discretion within the QSO memo that we have provided that differs a bit from the CDC recommendation of keeping it immediately outside the door. As long as that PPE is easily accessible to staff. So that's what you need to have in place is easily accessible. So, you don't necessarily have to have a cart outside of each door that has PPE individual for each resident.

Jessica Jackson: We could share the carts?

Christine Teague: Yes, you could. As long as it's easily accessible.

Jessica Jackson: But we still don't prefer it inside the room. I guess that's my biggest thing. A lot of buildings have been asking me that question about storing it inside the room.

Christine Teague: Right. So that could be a bit challenging. If you're able to accomplish that without contamination, you know, then you could have discretion to do that.

Jessica Jackson: OK. Thank you.

Jill Darling: And we have time for one more question, please.

Moderator Jackie: All right, I see Colleen. You are able to unmute yourself. Colleen, you're able to unmute yourself. OK. We'll move on for the sake of time. It looks like Tammie. Tammie, you're able to unmute yourself.

Tammie Phillips: I am. Can you hear me? Thank you.

Moderator Jackie: Yes.

Tammie Phillips: I do have a question regarding PCAs (Patient Care Assistants) and Enhanced Barrier Precautions. I know right now they're not able to take care of a resident that is on isolation precautions. However, are they able to care for a resident with enhanced barrier? The PCAs.

Christine Teague: OK. What are you referring to as a PCA?

Tammie Phillips: Patient Care Assistants in nursing facilities.

Christine Teague: OK, so that would be the equivalent of a nurse aide, correct?

Tammie Phillips: Correct.

Christine Teague: All right. So, they do have to use proper PPE when they go into a room with a resident that is on Transmission-Based Precautions. And they would also have to do that for residents that are on Enhanced Barrier Precautions.

Tammie Phillips: Right. The regulations state that the Patient Care Assistants are not able to care for a resident on isolation precautions or transmission precautions. So that's why I'm asking about the Enhanced Barrier Precautions.

Christine Teague: OK. So, the federal regulations that do not prohibit a nurse aide from providing care to a resident on Transmission-Based Precautions is that a—that may be a state requirement?

Tammie Phillips: OK. I believe so.

Christine Teague: OK. So, we wouldn't be able to comment on a state requirement. You would need to contact your state for assistance with that one.

Tammie Phillips: OK. Thank you.

Jill Darling: All right, well thank you everyone for joining us today. I know we do have—I see 12 more hands in the queue. So, I provided the Open Door Forum email and please utilize the emails provided on the screen if you were on…

Tammie Phillips: OK. So, I asked a question.

Jill Darling: I'm sorry?

Tammie Phillips: Oh, I'm sorry. I didn't realize I was on mute. Sorry. Sorry.

Jill Darling: No worries. So, like I said, please utilize the emails provided on the slide right now, or please use the SNF Open Door Forum email to get your question in. We appreciate you joining us, and that concludes today's webinar. Thanks, everyone. Have a great day.