Centers for Medicare & Medicaid Services
Questions and Answers
Open Door Forum: SNF/LTC
Tuesday, April 2, 2024

1. Question: In reference to the software change for October of 2025, will we have a chance to do beta testing prior?
    a. Answer: Are you with a provider or a software vendor?
        i. Question: Provider. And we use multiple vendors across the country.
            1. Answer: 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.
                a. Question: What if we develop our own as a provider?
                    i. Answer: You would use the VUT to test your software.
2. Question: With the major changes that are getting ready to happen, or at least proposed, related to the NTA. 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?
    a. Answer: 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.
        i. Question: Just clarify what sorts of agencies would be involved in actually doing the validation. 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?
            1. Answer: That would be another agency that CMS would contract with, and that information would be forthcoming.
3. Question: 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?
    a. Answer: 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.

4. Question: Relating to MDS. And last fall after implementation—after the 10/1 implementation of the changes that 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 data to the agencies, the Medicaid agencies.
    a. Answer: 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 wasn't 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 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. iQIES did send the state updated files, updated files, and if they still have issues, they should reach out to the iQIES help desk.
5. Question: 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.
    a. Answer: 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.
6. Question: 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?
    a. Answer: What type of assessment is it that you're referring to?
        i. Question: 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 the kind of assessment. So, we can identify who needs to be on EBP (Enhanced Barrier Precautions).
            1. Answer: 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.

a. Question: 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?
    i. Answer: So, you would reuse the gown multiple times during the shift for the same patient?
        1. Answer: Yes.
            a. Answer from CMS: EBP is not indicated for a resident who has a colostomy, ileostomy, or urostomy, as the intent of EBP focuses on wounds requiring dressings. A nephrostomy tube, however, is an indwelling medical device and EBP are indicated for this device. If you have any additional questions or concerns, please forward them to the Division of Nursing Homes Triage Team via email at DNH_TriageTeam@cms.hhs.gov. We value your interest and thank you for helping to optimize the health, safety, and quality of life for people living in nursing homes.

7. Question: My question is also about the EBP. 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 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.
    a. Answer: So, the information you received is correct. 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 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.

i. Question: 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.
    1. Answer: So, they should be using them in the room. The recommendations are for use in the room.
        a. Comment from participant: Even if it's a short one transfer and you're out.
            i. Answer: Yes, because they are in the resident's environment at that point.
                1. Question: 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?
                    a. Answer: 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.

8. Question: 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?
    a. Answer: 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.

9. Question: with the changes to the MDS coming in October, is there any plans to remove the reporting requirement through NHSN for resident vaccinations?
    a. Answer: We couldn't comment on that at this time because that is an existing regulation that's not part of this proposed rule.
        i. 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?
            1. Answer: 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.
                a. Question: In the substandard quality of care?
                    i. Answer: Correct.
10. Question: 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.
    a. Answer: 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.
        i. Comment from participant: 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.
            1. Answer: Current CMS guidance and CDC recommendations regarding EBP are aligned. Per the CDC, "The use of gown and gloves for high-contact resident care activities is indicated, when Contact Precautions do not otherwise apply, for nursing home residents with wounds and/or indwelling medical devices regardless of MDRO colonization as well as for residents with MDRO infection or colonization" (https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html#:~:text=of%20the%20guideline.-,Enhanced%20Barrier%20Precautions,-expand%20the%20use).

The guidance in CMS Memo QSO-24-08-NH mirrors the CDC's recommendations. We understand your concerns as they relate to the pediatric population. We have communicated your concerns to our associates in the CDC who are engaged in the CDC's LTC work and have forwarded them your email offering to engage in a collaborative discussion.

Please see CMS memo QSO-24-08-NH Enhanced Barrier Precautions in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) for federal requirements and the CDC's Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) webpage as well as their Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes webpage, which provides additional clarifications on EBP.

11. Question: 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.
    a. Answer: 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.
        i. Question: 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?
            1. Answer: 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.
                a. Comment from participant: 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.

i. Comment from CMS: 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.

12. Question: Will there be a grace period before CMPs might be issued for noncompliance with Enhanced Barrier Precautions?
    a. Answer: 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.
13. Question: My question is 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?
    a. Answer: 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.
        i. Question: And for a resident who is on a ventilator with inline suctioning, do you have any, is that the same?
            1. Answer: If you're providing care to the resident with a ventilator, they have an indwelling medical device, then EBP are indicated.
                a. Question: 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 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?
                    i. Answer: 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, 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.

14. Question: 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. (Patient Care Assistants in nursing facilities)
    a. Answer: OK, so that would be the equivalent of a nurse aide, correct?
        i. Answer: Correct.
            1. Response: 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.
                a. Response back to CMS: 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.
                    i. Comment back to participant: So, the federal regulations that do not prohibit a nurse aide from providing care to a resident on Transmission-Based Precautions. That may be a state requirement.
                        1. Answer from participant: OK. I believe so.
                            a. Answer back from CMS: So, we wouldn't be able to comment on a state requirement. You would need to contact your state for assistance with that one.