

Centers for Medicare & Medicaid Services

Open Door Forum: Skilled Nursing Facilities/Long Term Care

Moderator: Jill Darling

Thursday, March 2, 2023

2:00 pm ET

Coordinator: Thank you for standing by. At this time all participants are in a listen-only mode until the question and answer session of today's conference. At that time, you may press star 1 on your phone to ask a question.

I would like to inform all parties; today's conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the conference over to Jill Darling. Thank you. You may begin.

Jill Darling: Great. Thank you, Dustin. Good morning and good afternoon, everyone. I'm Jill Darling in the CMS Office of Communication, and welcome to today's Skilled Nursing Facilities and Long-Term Care Open Door Forum.

We appreciate your patience. We knew there were a lot of folks getting on the line so we're waiting for more to get in. As always, thank you very much for your patience and waiting.

So, before we get into the agenda, I have one brief announcement. This Open Door Forum is open to everyone. But if you are a member of the press, you may listen in, but please refrain from asking questions during the Q&A portion of the call. If you do have any inquiries, please contact CMS at press@cms.hhs.gov.

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And we begin with John Kane, who will talk about the 1812(f) waiver and COVID-19 PHE termination.

John Kane: Thank you, Jill, and thank you, everyone, for being on the call today. So, I know that this is an issue that has raised a number of questions for folks so we want to try and take an opportunity to speak with you and try to provide some clarification and direction on these different questions.

So, there are a few things I want to talk about. The first is the 1812(f) waiver that we have that is currently in effect under the COVID-19 PHE and that is related to the qualifying hospital stay policy.

So, this is the policy that requires or typically requires that a patient that is going to be admitted to a Medicare covered Part A SNF stay would typically require that they have a three day, three consecutive day, inpatient hospitalization prior to being admitted to their Medicare covered SNF stay.

Under this 1812(f) waiver, that policy had been set aside and patients are able to be admitted to a Medicare covered SNF stay without the typically required qualifying hospital stay. I would note all other coverage criteria still are in effect. It was simply that we set aside and waived the qualifying hospital stay policy for this time during the COVID-19 PHE.

We are anticipating that the COVID-19 PHE is going to end on May 11 and with that would mean that the 1812(f) waiver associated with the qualifying hospital stay policy would also end on May 11.

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Now what exactly does that mean? What this means is that patients may be admitted without a qualifying hospital stay until May 11. Beginning on May 12, SNF stays would require that the patient have a qualifying hospital stay for admission to a Medicare covered SNF stay.

Now this means that stays where there is an interruption that goes beyond the interruption window would require a new - would be a new SNF stay and would require a qualifying hospital stay in order for that stay to begin. Because again, that is a new SNF stay beginning after the waivers have been terminated and therefore it would fall under the same types of guidelines and rules that any other SNF stay would typically follow.

The other thing I want to make clear, and this is a question that we have received from a number of people, is that a stay that begins underneath this waiver prior to May 11 does not need to end on May 12. A person that is admitted under this waiver and this applies whether it be this 1812(f) waiver that is issued during the COVID-19 PHE or in relation to some sort of weather event, that if the stay begins underneath the qualifying hospital stay waiver, that stay is then treated as a normal stay.

That means that the person is entitled to their full benefit period for as long as they still require skilled care. And so as long as the stay utilizing this waiver begins on or before May 11, they are allowed to stay in the facility under their Medicare coverage stay for as long as is necessary, for as long as it is deemed necessary and they require skilled services. So again, it is not required that their stay end as of May 12.

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The other aspect of the 1812(f) waiver is the benefit period waiver. And this is what allows for a one-time renewal of the patient's 100-day SNF benefit without the typically required 60-day wellness period. So typically, we require that there be 60 days of wellness where they are not receiving SNF level services for them to re-up their 100-day benefit.

Under the 1812(f) waiver, we have allowed that as a one-time benefit that they are able to receive a new benefit period of 100 days without the typically required wellness period.

As with the other part of the 1812(f) waiver, as it relates to the qualifying hospital stay, the benefit period waiver will also end on May 11 as we anticipate that the COVID-19 PHE will end on May 11.

So, this means that if a beneficiary's benefits exhaust on or before May 11 and they qualify for this waiver, then they may receive a new benefit period of 100 days, assuming that they haven't already used this waiver.

When I say that the beneficiary receives a new 100-day benefit period, that means that it is a full benefit period that as long as that benefit period begins on or before May 11, it is the same as restarting any benefit period. That is, they are entitled to 100 days of benefit for as long as the person still requires skilled services. It is not simply that they get a new benefit period, but then that new benefit period ends on May 12.

So again, these waivers are set to end on May 11, but that does not mean that the stays which begin under these waivers must end as of May 11.

The last thing I wanted to cover is the enforcement discretion that currently exists as it relates to certain pharmacy billing. So, during the COVID-19 PHE, CMS had exercised enforcement discretion to allow for Medicare enrolled immunizers to bill directly and get direct reimbursement from the Medicare program for vaccinating SNF Part A residents in order to facilitate the efficient administration of COVID-19 vaccines to SNF patients.

CMS also recognized that vaccinations for respiratory illnesses such as the seasonal flu or pneumococcal vaccine could help to reduce the impact of these respiratory illnesses and the resulting burden on the healthcare system during the COVID-19 PHE.

To help efficiently administer flu and pneumococcal vaccines to SNF residents during the public health emergency, CMS expanded this enforcement discretion to allow for Medicare enrolled immunizers to bill directly and get direct reimbursement from the Medicare program for vaccinating SNF residents with the seasonal flu and pneumococcal vaccine when these vaccines were administered either at the same time, that is co-administered with the COVID-19 vaccine or if they are administered at different times.

Now when this enforcement discretion was put in place, we had said that it would end as of either the later of the last calendar day of the fiscal quarter in which the public health emergency ends, the COVID-19 public health

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emergency ends, or at a point where it was no longer deemed necessary for mass vaccinations within congregate care settings.

Based on this, again anticipating that the COVID-19 public health emergency will end as of May 11, this would mean that the enforcement discretion associated with this policy would end as of June 30. That is the last day of the calendar quarter in which - the fiscal quarter in which the PHE would be ending on May 11 and that quarter ends on June 30.

This means that beginning on July 1, SNFs would be responsible again for billing for vaccines furnished to SNF patients in a Part A setting. I'm going to stop there and I'm going to turn the call over to Ellen Barry. Thank you.

Ellen Barry: Thanks, John. On the last several ODFs, I have provided information about iQIES and more specifically regarding registering for an iQIES account.

The onboarding process is ongoing. I want to thank all the providers, over 76% who have already registered a provider security official, also known as a PSO.

Even if your facility uses a software vendor or third party to submit your MDS records, you must still have a PSO who is a facility staff person.

On February 17, CMS announced that we will transition MDS submission to iQIES on April 17. In order to fully prepare for a successful transition, CMS will shut down iQIES for MDS assessment submission, processing and reporting on Thursday, April 13, 8:00 p.m. Eastern.

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Beginning 8:00 a.m. Eastern on April 17, MDS users will be able to log in to iQIES and upload resident assessments, view a summary of uploaded assessments, view details of MDS submissions and view MDS final validation reports and other related MDS reports in iQIES.

After the transition, iQIES is your go-to place for everything MDS. While you will be able to still access CASPER, those MDS reports will not be updated and thus will be outdated. I don't recommend that you access QIES after April 13.

Since there will be over three days that MDS submissions cannot occur in either system from April 13, 8:00 p.m. to April 17, 8:00 a.m., providers must take into account all requirements when determining the last day that they will submit completed MDS records to QIES including, but not limited to submission timeline, claims processing and care plan requirements.

Again, the April 17 transition for MDS assessment submissions and reports is only MDS. Payroll-based journal, PBJ, which is not MDS related, will remain in QIES until a later date.

Links related to the MDS transition announcement and for creating an iQIES account are included in the agenda. Thanks. Heidi, I'll hand it over to you.

Heidi Magladry: Thank you, Ellen. Good morning and good afternoon. I'm Heidi Magladry, the Skilled Nursing Facility Quality Reporting Program Coordinator.

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I know many on this call are anxious for the release of MDS 3.0, Version 1.1811, so I wanted to review what is currently posted and available as well as what is coming in the near future to support the October 1, 2023 implementation date.

In terms of what is currently posted, on December 23, 2022, CMS posted the Draft Version 1.18.11 item sets and then on February 14, we posted the draft MDS data specifications, which is version 3.01.0.

In terms of what is coming, on or about April 1, CMS plans to post the final MDS 3.0 Version 1.18.11 item sets. At that time, we also plan to post a draft version of the MDS 3.0 RAI manual. In May CMS plans to post the final version of the MDS data specifications and in August, the final MDS RAI 3.0 manual.

CMS will alert providers these items are available with an announcement on both the Nursing Home Quality Initiative and the Skilled Nursing Facility Quality Reporting Program Spotlight and Announcement pages. The links to those pages are included on the agenda.

In terms of training, CMS plans to provide a virtual training program that will review the updates for MDS Version 1.18.11. Part one of the virtual training program will consist of recorded training session videos designed to deliver foundational knowledge necessary to understand the new items and guidance.

These videos are designed to be reviewed prior to Part 2, which will consist of live virtual workshop sessions that will provide coding practice on the items

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covered in the Part 1 videos. CMS expects to release the Part 1 recorded training session videos in May followed by the Part 2 live virtual workshop sessions in late June or early July.

When registration opens for the training, announcements will be posted on both the Nursing Home Quality Initiative and the Skilled Nursing Facility Quality Reporting Program Spotlight and Announcement pages. And that's all I have for MDS updates.

With that, I'll hand it back to Jill.

Jill Darling: Great. Thank you Heidi, Ellen, and John. And Dustin, will you please open the lines for Q&A?

Coordinator: Thank you. We'll begin the question and answer session. If you'd like to ask a question, please press star 1, unmute your phone and record your name clearly. Your name is required to induce your question.

If you need to withdraw your question, press star 2. Again, to ask a question, please press star 1. It'll take a few moments for the questions to come through. Please stand by.

Our first question is from (Joel Vanita) from Red River Rehab. Go ahead. Your line is open.

(Joel Vanita): Thank you so much for taking my question. A couple of questions if I could. First of all, in January, CMS released QSO 2305N8, which was the memo that

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detailed the star rating adjustments related to inappropriate coding of MDS related to schizophrenia and antipsychotic medications in the facilities.

And one of the things that I had a question about from that memo is in relationship to the self-reporting issues. CMS initiated or suggested in that particular memo, said in the memo, that they would consider lesser action related to the star rating updates if a facility self-reported. And they mentioned there such as suppression of the QMs rather than a downgrade.

Could you be - could someone be a little more specific in terms of what CMS might consider lesser action in relationship to findings from those surveys related to inappropriate schizophrenia diagnoses and antipsychotics?

And then the second question I had, if I could, related to Heidi's - thank you so much for the detail, Heidi, there related to the schedule of training. And my question is, within all of that training, will there be specifics related to some of the things that, I think that we've mentioned before, in questions related to when Section (g) goes away, if there will be specific training related to quality measurement, the updates to the staffing measures and Five Star? Thank you.

(Christine): Hi. This is (Christine) from the Division of Nursing Homes. I'm not able to answer your question, but I do have an email address for you to send that question to so that we can get you a response. And that would be the behavioral health mailbox. And that is dnh_behavioralhealth@cms.hhs.gov. Thank you.

Rebekah Natanov: Hi. This is Rebekah Natanov from CMS. I can answer your question regarding the Section (G) to (GG) transition and the quality measures.

So, we will not - at this time, we're planning for the transition and respecifying some of our measures. Section (GG) will be added later this - sorry, it is already added. We'll be transitioning our measures later this year. And we'll be releasing guidance then regarding quality measures and then potentially any training that will arise from that. But we're still working on that right now.

(Joel Vanita): Okay. So, in the training that you'll be doing that Heidi mentioned on the MDS itself and the RAI manual, that won't be part of that training. Is that I'm hearing you saying?

Rebekah Natanov: So that will be - Heidi can answer more specifically about her training that she's planning, but that will not be specifically about quality measures. That will be for the actual RAI assessment.

(Joel Vanita): All right. Thank you so much.

Coordinator: Our next question is from Diamond Brown. Go ahead. The line is open.

Diamond Brown: Hi. I wanted to know where can I get the agenda? And so, for that I just wanted to clarify, that amount of time from 4-13 to 4-17, we just won't be able to submit period? Even if you're going through like Point Right or PCC?

Ellen Berry: No. No one would be able to access QIES or iQIES to submit records.

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Diamond Brown: Okay. I just wanted to clarify that. And the agenda?

Jill Darling: So, this is Jill Darling. So, I assume the agenda was forwarded to you or you were just given the dial-in number?

Diamond Brown: I was.

Jill Darling: Okay. No problem. So, you're able to sign up to receive agendas and announcements. If you just Google CMS transcripts and podcasts, it should be first. It'll say Open Door Forum Podcast and Transcript. And there is a link that will take you to sign up.

Diamond Brown: Okay. Thank you. You're welcome.

Coordinator: The next question is from (William Thistle). Go ahead. Your line is open.

(William Thistle): Yes. Regarding the POS and getting prepared for the iQIES, I assigned myself as the POS for all of our facilities. Do I need to assign a POS for each individual facility or can I keep myself as the POS for that company?

Ellen Berry: As long as you know who your users are and you can accurately assign their role, that's the requirement of the - that's one of the primary roles of the PSO is that that person knows who should have what access to the iQIES system related to submissions, reports, et cetera.

(William Thistle): Okay. Thank you. That makes sense. I appreciate it.

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Coordinator: Our next question is from (Suzanne Panette). Go ahead. Your line is open.

(Suzanne Panette) Hi. Thank you for taking my call. This is (Suzanne Panette). I'd like to know when we can expect to see a draft item set for the OSA? Oops, I think I...

Heidi Magladry: Hi. This is Heidi. So, for those providers that will need to use the optional state assessment, we plan to release that item set and the associated guidance manual pages as a standalone package in later April or early May.

(Suzanne Panette): Do I need to do anything to make sure that I receive that?

Heidi Magladry: No. Like the other item sets, that will just be posted on the MDS RAI manual page, and we will post an announcement when it's available on the spotlight and announcement pages. The links are in the agenda.

(Suzanne Panette): Thank you very much.

Heidi Magladry: You're welcome.

Coordinator: The next question is from (Mary Gracie White). Go ahead, your line is open.

(Mary Gracie White): Good afternoon. Thank you for taking my call. And I think this is something I just might not have heard clearly. I just wanted to check, transitioning from the QIES to iQIES, where will the CASPER and 5-star reports be located?

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Ellen Barry: So iQIES will take over that function. So, you will have folders in iQIES like that exist in CASPER. Yeah, and all the reports will also be in iQIES. So instead of having two different systems, the QIES ASAP where you submitted your MDS records and then CASPER where you went to your reports, everything will be in iQIES.

(Mary Gracie White): Okay. So, the only thing separate would be the PBJ then.

Ellen Barry: Well, correct. PBJ will stay in QIES until it transitions to iQIES and I don't have a date for that that I'm aware of.

(Mary Gracie White): Thank you very much. I appreciate it. And just one quick other question because unfortunately I got on a couple of minutes late. As far as the ending of the public health emergency, the three-day waiver for the state ends on 5-11. I just want to confirm that's the end date.

John Kane: Yes. Assuming that the PHE ends on May 11 and the qualifying hospital stay waiver would also end on May 11.

(Mary Gracie White): Thank you very much. I appreciate it.

Coordinator: The next question is from (Anna Sue Moody). Go ahead. Your line is open.

(Anna Sue Moody): Yes, sir. Thank you. I just want to make sure that I have an understanding about the waiver as well. If I bring a resident in waiving the three-day hospital stay prior to May 11, and this resident goes back out to the hospital after May 12th, it cannot be considered an interrupted stay? We would have to have the

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three-day hospital qualifying stay to bring them in in continuation of their Medicare stay. Is that correct?

John Kane: Partially. So, the interrupted stay policy still works for any SNF TPS stay, waiver or otherwise. If the person leaves the building on say May 11 or May 10, or they were admitted on May 10 or 11, and they are covered under Medicare.

They leave to go wherever, to the hospital, to home, for less than the interruption window, so three consecutive days or less, and they return to the same facility and it's an interrupted stay, then the qualifying hospital stay is still not necessary.

If, however, they are out for a period of time where it would no longer be considered an interrupted stay and therefore be considered a new stay under Medicare, then all traditional Medicare rules would apply, including the qualifying hospital stay policy.

(Anna Sue Moody): Thank you for that clarification.

John Kane: No problem.

Coordinator: Our next question is from (Peggy Moore). Go ahead. Your line is open.

(Peggy Moore): That was my question also so you've answered it. The one right prior to this.

Coordinator: Our next question is from (Maureen Carlin). Go ahead. Your line is open.

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(Maureen Carlin): Thank you. Actually, that was one of my questions so I'll ask my second question. Is a schizoaffective disorder diagnosis an acceptable diagnosis for the use of an antipsychotic medication?

Christine Teague: Hi. This is Christine Teague from the Division of Nursing Homes. And I think what you are asking is not if it's an acceptable or not acceptable diagnosis. It is if it's an acceptable diagnosis for the quality measure. Would that be accurate?

(Maureen Carlin): Correct, yes. Thank you.

Christine Teague: Yes. I just wanted to make sure.

(Maureen Carlin): Yes, I'm sorry. I know it's a (unintelligible).

Christine Teague: No problem, I just wanted to make sure I answer you correctly. So, on the MDS, when you code for schizophrenia, it actually includes more than just schizophrenia. So, it also lists schizoaffective and schizophreniform.

So, if the resident has schizoaffective or schizophreniform disorders, you would check off the schizophrenia diagnosis in Section I of the MDS, which I believe is I-6000.

(Maureen Carlin): Great. Thank you.

Coordinator: Our next question is from (Janice Hornberger). Go ahead. Your line is open.

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(Janice Hornberger): Hi. Thank you for taking my question. I just had a question. Could you review the timelines on when the October 1 MDS changes, when the item sets as well as the RAI manual and the specifications, when those will be available again?

Heidi Magladry: Sure. So currently the draft item sets are available as well as the draft MDS data specifications. Those are currently available.

In terms of what's coming about April 1, we're going to post the final MDS Version 1.18.11 item set. At that time, we will also post a draft version of the MDS RAI manual. In May CMS plans to post the final version of the MDS data specifications. And in August, the final MDS manual to support the October 1 - all of these are to support October 1, 2023 implementation date of the new item set.

Do you need me to read the training as well or no?

(Janice Hornberg): No. Just those dates. Thank you.

Heidi Magladry: You're welcome.

Coordinator: Our next question is from (Nora Vega). Go ahead. Your line is open.

(Nora Vega): Yes, I have a question. I have a HARP because I have an IRF. Is that registration valid for the field nursing or do I have to have another registration?

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Ellen Berry: This is Ellen. I am not the expert here, but I believe you just need to go back into HARP and then request a user role for iQIES.

(Nora Vega): For the skilled nursing facility?

Ellen Berry: Yes, correct.

(Nora Vega): Okay, okay. Well thank you.

Ellen Berry: And if that doesn't work, reach out to the help desk.

(Nora Vega): To the iQIES help desk?

Ellen Berry: Yes.

(Nora Vega): Okay. Okay. Because in HARP, the first time that I registered, it was not an easy process. It was not an easy process. And maybe it's gotten easier by now, but when the IRF transitioned from CASPER to the iQIES, that was about two, three years ago, it was not an easy process so maybe it's much easier now. I hope it is. Okay. Thank you.

Coordinator: The next question is from Bridget Alexander. Go ahead. Your line is open.

Bridget Alexander: Thank you for the call this evening. Most of my questions have been answered with the exception of one. Will you please review the MBS training

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schedule? It kind of went quick so if someone would please reach out with that. Thank you.

Heidi Magladry: Hi. This is Heidi. Sure thing. So, we're going to use a virtual training program and then we'll review the updates. It'll be in two parts. Part 1 will consist of recorded training session videos. We expect to release those recorded training session videos in May.

And that will be followed by Part 2, which will be a live virtual workshop session, which will provide coding practice on the items covered in the Part 1 videos. And we expect Part 2 will take place in late June or early July.

Bridget Alexander: Thank you so much.

Heidi Magladry: You're welcome.

Coordinator: The next question is from John McKenna. Go ahead. Your line is open. Thank you.

John McKenna: My question was answered on an earlier caller.

Coordinator: The next question is from (Clarice). Go ahead. Your line is open.

(Clarice): Yes. Hi. Thanks for taking my question. I think mine was answered as well. I was wondering, again, when you were talking about the training, you said live virtual. So, I didn't know if there was a live option along with a virtual or are you saying it's a live virtual? And I think you answered that so thank you.

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Coordinator: Our next question is from Hope Bailey. Go ahead. Your line is open.

Hope Bailey: I was wondering when Section G goes away on the MDS, how are we going to do the LOCD?

Ellen Berry: What is the LOCD?

Hope Bailey: Level of care determination for Medicaid.

Ellen Berry: You'll have to reach out to your Medicaid agency.

Hope Bailey: They use door one to qualify people and they use Section (g) to do that so I'm not sure what they're going to do. We will. We'll reach out to the Medicaid.

Coordinator: Our next question is from Paula. Go ahead. Your line is open.

Paula: Hi. Yes. To continue on the schizophrenia conversation with the clarification about the use and the coding of the diagnosis of schizophrenia, does CMS also have a plan to expand the exclusionary diagnoses beyond the three that are currently in the exclusionary diagnoses in both antipsychotic QMs?

Rebekah Natanov: Hi. This is Rebekah Natanov from the Division of Chronic and Post-Acute Care. We are currently in the process of examining the antipsychotic measures, but we don't have any definitive plans yet for how we will potentially reach that decision. We had a technical expert panel recently, and we are actively looking at these measures. Thank you.

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Paula: Thank you.

Coordinator: The next question is from (Catherine Karuku). Go ahead. Your line is open.

(Catherine Karuku): Thank you for picking up my phone. Most of my questions have been answered, apart from could you clarify again about the interrupted stay? And the other one would be the Section A and the optional state assessment. Are they still going to be included on October 1?

John Kane: So, with regard to the interrupted stay policy, the interrupted stay policy is in effect for all SNF PPS stays, whether they be a waiver stay or not.

So, what I was saying was that if you have a stay that begins under Medicare utilizing the qualifying hospital stay waiver and it goes beyond May 12 and then there is an interruption in that stay where the person returns to their Medicare coverage during the interruption window at the same facility, again meaning it's an interrupted stay, then that stay can continue on the way any other interrupted stay would occur.

However, if the person does not return to the same facility or they do not return within the interruption window, meaning that it would be a new Medicare stay when the person returns, then that new Medicare stay would be under all of the typical provisions and rules of a regular SNF stay, meaning that they would require a qualifying hospital stay.

(Catherine Karuku): Thank you.

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Coordinator: The next question...

Heidi Magladry: I'm sorry. I had a second piece about the optional state assessment. For providers that will need to use the optional state assessment, we plan to release that item set in the associated guidance as a standalone package in late April or early May.

(Catherine Karuku): Thank you.

Coordinator: Next question is from Heather Gagne. Go ahead. Your line is open.

Heather Gagne: Hi. Yes. I just had a quick question. Assuming the PHE ends on May 11, will this also end the NHSN reporting and federal regulations related to COVID?

Christine Teague: Hi. This is Christine from DNH. Could you repeat that question again? I'm sorry.

Heather Gagne: I'm just wondering, assuming the PHE ends on May 11, will it also end the NHSN reporting and the regulations related to COVID?

Christine Teague: All right so the NHSN reporting and notification requirements were extended through 12-31, so December 31 of 2024. And that rule was included in the home health rule that was posted recently. So, the NHSN reporting and resident family notification has been extended through December 31, 2024.

Heather Gagne: 2024. Okay. Thank you.

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Coordinator: The next question is from Michelle. Go ahead. Your line is open.

Michelle: Hi. Most of my questions have been answered, but getting back to the agendas. I don't know if you're aware, but the agendas are not very timely on the website. The latest transcript, I think, on there, it as from October. So as far as a recent agenda, they are not usually on there prior or immediately following any of these open door forums.

Jill Darling: Yes. Thank you for that. We do our best to get them up timely. There is a lot on our end, trying to make sure we get we get everything from all the right folks. But thank you for bringing that to our attention. Thank you so much.

(Michelle): Thank you.

Coordinator: The next question is from (Kimberly Jamaro). Go ahead. Your line is open.

(Kimberly Jamaro): Hi. Thank you for taking my question. I had two. The first one is, will the training session for that MDS training be recorded in case, you know, it overflows capacity or someone's not available? And the second, I just want to make sure that during the downtime for QIES related to MDS that the individuals responsible for PBJ and EPOC will still have access to those systems.

Heidi Magladry: So, hi. This is Heidi. I can answer your question about the training. In addition to the recorded training session videos, the live virtual workshop sessions will also be recorded and posted if you are unable to attend those sessions.

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Ellen Berry: And this is Ellen. Yes, PBJ and your ePOC will be still available to you.

(Kimberly Jamaro): Thank you.

Jill Darling: Hi. This is Jill Darling. The participant that asked about the agenda and transcript, everything. Always hit refresh to make sure because the last one on the podcast and transcript webpage was from December 8 of 2022. Thank you.

Coordinator: The next question is from Erica Lawson. Go ahead. Your line is open.

Erica Lawson: I have a question related to the provider user role job matrix. When it talks about create a patient assessment, delete a patient assessment, edit the assessment, modify the assessment or inactivate the assessment, is this within the software platform that we use within the center or is this afterwards in the iQIES scenario? In other words, everybody in the center who works on an MDS or opens an MDS, do they have to have a HARP and an iQIES role?

Ellen Berry: I presume you use software vendor - vendor software. Oh, I got that backwards.

No. So it has to do with those accessing iQIES. So, if you're using software that's within your computers at your facility, then whatever parameters you have there, but it's for the people who actually are going to be accessing iQIES.

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Erica Lawson: Perfect. Thank you so much.

Coordinator: Our next question is from (Judy Wilkine). Go ahead. Your line is open.

(Judy Wilkine): This is (Judy Wilkine) and this is for John Kane. What you said about the interrupted stay and the new stay, is that going to be written in any official utterances that we can refer to other than an agenda or this verbal discussion? And it's nice to see you and Ellen Berry.

John Kane: Thank you very much for that second part. As far as the first part is concerned, I think that there is - I'll just say very generally that there are so many different toolkits and documents and educational materials that are being developed in relation and in anticipation of the PHE ending, I can't speak directly to what will be included where or if things will be included.

The best I can tell you is that the documents that are currently on the emergency page on the CMS website, they do talk about the fact that the offering hospital policy will end as of May 11 and that once that ends, any new Medicare stay would fall under existing Medicare rules.

So, I can't speak to whether or not that specific provision with regard to the interim stay policy will be written in any specific document of all the ones that we're crafting. I'll do my best to try and get those types of clarifications in. But just rest assured that there is a lot of information that CMS is crafting to help providers understand the impact of the PHE ending.

(Judy Wilkine): Thank you.

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John Kane: Thank you.

Coordinator: The next question is from Gretchen Scott. Go ahead. Your line is open.

Gretchen Scott: Yes. This is on the schizophrenia guidelines. If we get a new admission and the hospital has a diagnosis of schizophrenia, but we don't have any psych records, is that sufficient enough?

Christine Teague: Hi. This is Christine Teague from DNH. So, we would expect that if you have a diagnosis that comes with the resident that you would have their treatment in place, that they're coming to you with schizophrenia diagnosis with their medications in place, then we would expect you to do a comprehensive assessment of the resident as you would with any resident.

So, if that would mean if they are in need of psychiatric services or evaluation that will be provided as well as any other assessments that a resident would require when they are in the facility.

Coordinator: Our next question is from Bridget Alexander. Go ahead. Your line is open.

Bridget Alexander: Yes, I just had a question. So, in preparing for the transition from MDS to iQIES, we've already submitted everything and got the private safety officer. So, is there any additional steps that need to be taken? We've gotten logs and all that information. I just wanted to see if there are additional steps that need to be taken as of right now.

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Ellen Berry: No. It sounds like you're on top of things.

Bridget Alexander: So future direction on necessary steps will come in the near future if there are new ones that are necessary?

Ellen Berry: Correct.

Bridget Alexander: Thank you.

Coordinator: The next question is from Andrew Gingrich. Go ahead. Your line is open.

Andrew Gingrich: Would one of you be able to describe the documentation surveyors would be looking for to determine the appropriateness of a schizophrenia diagnosis?

Christine Teague: Hi. This is Christine Teague from Division of Nursing Homes. I do not have the information in front of me. I'm not able to answer that at the moment.

But if you could send your question to the behavioral health mailbox, which is dnh_behavioralhealth@cms.hhs.gov. And then someone will be able to respond to your question.

Andrew Gingrich: Thank you.

Coordinator: Our next question is from (Anne Steinkamp). Go ahead. Your line is open.

(Anne Steinkamp): Hi. Can you hear me now?

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Jill Darling: Go ahead. Okay. Hopefully she'll get back in the queue. And we'll take our next question.

Coordinator: Okay. Our next question is from (Joanna Hurd). Go ahead. Your line is open.

(Joanna Hurd): My question was answered. Thank you.

Coordinator: The next question is from Miranda. Go ahead. Your line is open.

Miranda: Hi. I kind of have a three-part question, hopefully it goes fast. But as far as psychodiagnosis and you said that there has to be a comprehensive assessment, is this going above and beyond the AIMS that we do on admission or should we kind of create a new assessment for those residents coming in for that, for the need of the medication?

And then our programs that we use the MDS platforms on, like Matrix or Point Click Care, do they have an updated - do they have a timeline of when they're going to be updated so we can start utilizing? And are they going to have any like test, you know, run of what everything is going to look like prior to us going live?

Christine Teague: Hi. This is Christine Teague from Division of Nursing Homes. I'd like you to please submit your question regarding the schizophrenia assessment and comprehensive assessment to the behavioral health team in their mailbox at dnh_behavioralhealth@cms.hhs.gov. Thank you.

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Miranda: Thank you. And then my other question was, is there any other updates that are going to happen to the MDS? For example, like a lot of the facilities, we can't code restorative instead of going through the whole entire restorative, clicking zero. If we say none of above, will they like just gray out some of the other areas of the MDS just to save time and efficiency? Are there any updates coming like that or is that something that we'd have to request?

Ellen Berry: This is Ellen. Are you referring to your software vendor?

Miranda: Yes. I'm referring to the software vendor when they are going to be updating all their stuff. Do they have a timeline of when they need to update so we can kind of gear that?

Ellen Berry: So, the transition to iQIES is, in simple terms, a different URL that people will link to and of course, a different user account and password. But their software should still work as is because it's the same item set that is in existence today and being used. So, there should not be any software updates needed to the best of my knowledge for the transition.

Miranda: Not as for not submitting, but for just doing MDS's in general, everything should be updated or is that stuff on our end that we have to like revamp all our assessments and do everything to kind of match what the MDS's are requiring?

Ellen Berry: Are you thinking about October?

Miranda: Yes, October, yes. It was for the - yes.

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Ellen Berry: We can't answer when software vendors will have all their information updated. However, you know, we did just post the final specs and we are looking to the vendors to review those data specs and provide any feedback to us in case we have to make any updates to the final tech specs.

Miranda: All right. Okay. I just wanted to know. Thank you.

Coordinator: Our next question is from (Mary Gracie White). Go ahead. Your line is open.

(Mary Gracie White): Thank you very much. I appreciate this ability to have a second question. Just to comment on the schizophrenia audits that are occurring and because somebody previously mentioned the hospital, perhaps CMS could look at the hospital programs who, when elderly patients come into the hospitals, that they're automatically given an antipsychotic just because maybe they're agitated or confused about being there, then they come to the nursing homes. That's the point at which some of this starts.

The other thing is the appeal process. There are some nursing homes who want to appeal during their audit. Apparently, the person you appeal to is the person that did your audit. Are you aware, is that the process for appealing that it's directly to the person who conducted it?

Christine Teague: Hi. This is Christine Teague from DNH again. So yes, we are aware that there are some challenges on the hospital side that we've been getting reports of. So, I will take that information back to the hospital team in the quality, safety and oversight group.

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And for the question about submitting an appeal to the people who did the audit, I do not know that information. But you can email the behavioral health team who may be able to assist you with that question. Would you let me give you that email?

(Mary Gracie White): I know there are facilities who are appealing and the person that they have the scheduled appointment to appeal with is the same person doing the audit apparently. So, I just kind of want to make that as a comment.

Christine Teague: Okay. I'll take that comment back.

(Mary Gracie White): And part of the schizophrenic audits - I mean, why is it retrospective when some of these residents have been discharged or long gone and there's still a look back - like how can a facility actually correct that for residents who are no longer in the facility?

Christine Teague: So, I'm going to ask you to submit that question to the behavioral health team. Do you need the email address again?

(Mary Gracie White): Okay. Yes, no, I have it. Thank you so much.

Christine Teague: Okay. All right. Thank you.

(Mary Gracie White): All right. All right.

Coordinator: Our next question is from Paula. Go ahead. Your line is open.

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Paula: Yes, hi. If there's a change of ownership after April 17, will the provider's security officers and all users have to re-register and vendors be reauthorized and the process restarted?

Ellen Berry: Are you a new facility?

Paula: No. But I believe that there might be a change of ownership after 4-17.

Ellen Berry: So, you'll be keeping the Medicare number?

Paula: I don't know. I think so.

Ellen Berry: Okay. So, then we consider you the same provider and you would not have to do anything. However, if you become a new provider, a new CCN, then you would have to go through that process to get associated to your now new facility.

Paula: Does the NPI matter on that or just the CCN?

Ellen Berry: Just the CCN.

Paula: Okay, perfect.

Coordinator: The next question is from (Catherine). Go ahead. Your line is open.

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(Catherine Karuku): Thank you for picking my phone again. And my question is on the social determinants of health, especially the transportation. Could you elaborate more on that? Is it on the discharge or on the admission?

Heidi Magladry: And this is Heidi. You're asking about the transportation information item that will be included on the MDS beginning October 1, correct?

(Catherine Karuku): Yes.

Heidi Magladry: That item is collected both at admission and at discharge.

(Catherine Karuku): Okay. And also, about the (GG)'s is that going to affect the Five Star reporting? Because once they take off the (G) section, I think some of the information is going to fall back on the (GG) section. Is it going to affect Five Star reporting?

Rebekah Natanov: Hi. This is Rebekah Natanov from the Division of Chronic and Post-Acute Care. Yes. So, some of the measures that are in the Five Star Rating will be changing and we're actively working to update those measures to use Section (GG). And we will be providing guidance prior to the transition in October. Thank you.

(Catherine Karuku): Thank you.

Coordinator: The next question is from (Katie Precious). Go ahead. Your line is open.

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(Katie Precious): Hi. I was actually having some questions regarding the schizophrenia so I will email the email provided.

Thank you.

Jill Darling: And Dustin, we will take one more question, please.

Coordinator: Okay. And our last question is from (Amy Maddox). Go ahead. Your line is open.

(Amy Maddox): My question is on the swing bed waivers and when the PHE ends, that will end also. But what will happen to the patients that are in-house at that time?

John Kane: This is John Kane. I'm not sure that I can speak to that at the moment. So again, as I mentioned earlier, there's a lot of information that we are looking to put on our website. And so, we can try to ensure that this is a part of that education.

(Amy Maddox): Okay, yeah. We were just kind of concerned if we have somebody in there at the time that our waiver ends, what we'll do with that patient at that point. Thank you very much.

John Kane: Understood. Thank you.

Jill Darling: Thank you, everyone, for joining us today. Some really great questions. And that does conclude today's call. If you do have any further questions, the SNF LTC ODF email is located on the agenda. It is always there for you to send in your comments and questions.

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And we look forward to hearing from you next time. Thank you everyone.
Have a great day.

Coordinator: That concludes today's conference. Thank you for participating. You may disconnect at this time. Speakers, please allow a moment of silence and stand by for your post-conference.

END