

# Centers for Medicare & Medicaid Services

## Questions and Answers

### Open Door Forum: Skilled Nursing Facilities/Long Term Care

Thursday, April 28, 2022

1. I'm weighing the verbiage from the proposed rule regarding the question somebody inputted. If there would be a change in mapping from a muscle weakness, a generalized muscle weakness code because there's no way to fax a pneumonia or a urinary tract infection. And the answer you wrote was "We consider the request and determined the muscle weakness is nonspecific and if the original condition is resolved but the resulting muscle weakness persists as a result of the known original diagnosis, there are more specific rules that exist that would account for why the muscle weakness is ongoing such as muscle wasting or atrophy." My question is since the original medical diagnosis is not current anymore and you're suggesting to use a muscle atrophy, would that be appropriate to put in as a primary code under Section I if that's the reason they're in a skilled facility? The second question was I did see that we would be put - later on you also proposed using COVID on one of the quality measures just as a risk adjustment as a history. Does that mean that we would have to start coding on the claims a history code of COVID if it's currently not active but used as a risk adjustment as a history we would want to be able to use that because we normally don't use history codes if they're not active?
  - a. First question answer: We appreciate this question. SNFs should consult with the physician overseeing the particular case to identify the appropriate diagnosis in each circumstance. Additional specific coding issues should be discussed with your state RAI coordinator.
  - b. Second question answer: Because we are in the 60 day comment period, we are unable to respond to your question however we would encourage you to submit your comment on this regulation through the following link <https://www.regulations.gov/document/CMS-2022-0069-0002> prior to the close of the comment period June 10th.
2. I have a question related to the July update for Care Compare with the April update and information leading up to that. CMS has indicated that the weekend staffing and staff turnover measures will be folded into the 5-star rating yet we haven't received any information yet related to exactly how that will work. The updated manual for April did not include any specifics related to that. Could somebody explain to us how that would

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work and when we might be able to expect some updated materials to help us understand that to prepare for July rather than waiting for the 5-star users guide to update closer to that period?

- a. CMS will provide details regarding updates to the staffing star rating calculation in an updated version of the 5 star technical users guide at a later date.
3. You mentioned that beginning with fiscal year 2023 a SNF must have 25 eligible days during the applicable performance period. And then slightly later you mentioned that they're removing the LVA policy from SNF VBP beginning in fiscal year 2023. I'm just trying to understand how those two things work together. You also made a comment that with those 25 days they could be excluded from the effective program year and then mentioned provided no other measures and yet the PBJ measure is part of the other measure bucket. I just need that re-explained or clarified please.
  - a. The LVA is very specific, has a very specific description or process and the 25 is replacing it, the 25, minimum 25, in the process. if you review in the rule, it provides a description of what the LVA was and what - how it's being replaced.
4. Number one, could it be possible for the MDS to have a section to code quarantine as it differs from isolation? That is my first question or comment. And my second one is, has CMS considered adding respiratory therapy into the hours for nursing on the PBJ given the desperate need for staffing and the value that respiratory therapy can provide in caring for these residents?
  - a. For your first question, we encourage you to submit any feedback or comments regarding infection isolation via the formal comment process. For your second question, prior to posting information on the Nursing Home Care Compare website, we conduct significant analyses on data, perform consumer testing, and consult a technical expert panel that includes experts in nursing home staffing and clinical care. For example, a number of studies have found associations between the level of nursing staff to resident outcomes (e.g., hospitalizations), consumers routinely request information about nurse staffing, and the technical experts agree of the importance of the current information posted on the website. We understand and appreciate the services and benefits that respiratory therapists (RTs) provide to residents of long term care facilities. At this time, they are not included in the staffing levels posted on the nursing home compare website or used in the Five Star Quality Rating System. However, through the Payroll-Based Journal data, we have an increased ability to study the impact of many other staff, including RTs, to see how the presence of these staff impact outcomes. As we analyze the data, we will evaluate if any changes should be made, including whether or not to include RTs.

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5. Is there opportunity to comment on the discharge to community measure and the SNF RM or its replacement in regards to potential to include the advanced care planning process and advanced care planning choices of residents and families against that measure?
  - a. Both of those comments are currently on the rule and requested comment. So, I'd say yes.

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