12-22-25 Weekly Clinical Update

On Wednesday, December 17th, the December AHCA State Affiliate Meeting was held virtually, and several very important subjects were discussed. The meeting began with a discussion of an update on the Federal Education Departments, Federal Loan Eligibility for Nurses and others. Dana Ritchie reminded everyone that the new rules will apply only to new borrowers and the Education Department is required to open the new rules to comment prior to issue a final rule. The Rule is scheduled to be initiated on 7-1-2026. Below are the links to handouts provided at the meeting.

Update on Education Dept. Federal Loan Eligibility for Nurses and Others

myzPAX

'Frightening' outlook for LTC nursing with 'professional' status stripped - McKnight's Long-Term Care News

There was also a short discussion of the changes to immigration vetting which will now include "social media vetting", so visa applicants can expect slower processing times. Employers are encouraged to suggest to staff members working under visas to review his/her own social media presence.

There was a lengthy discussion of the upcoming Quality Awards including information that although the deadline for "intent to apply" (ITA) has passed, a facility can still apply for a Quality Award. The deadline for application is **January 22, 2026 at 8pm ET**. There was also discussion about the award program's policies including:

"Originality

All applications must reflect the unique systems, processes, and results of the applicant center. Responses should be developed by staff at the center and represent how the organization addresses the criteria. Using identical or near-identical language from other applications, corporate documents (except mission statements), or Program resources will result in disqualification and ineligibility to apply the following year.

Technical Requirements

All application technical requirements are outlined in the official application packet and must be strictly followed. Failure to meet these requirements will result in disqualification, and disqualified applications will not receive a refund or a feedback report.

Survey Eligibility

Skilled Nursing applicants have survey eligibility requirements that must be met to receive the award. Check survey eligibility using the Program's Survey Eligibility tool which has been updated with the November 2025 release of Care Compare."

And that discussion also included helpful resources available to applicants.

Regulatory Updates had several important updates. Effective November 15, 2025 nursing home providers will need to have Windows 11 installed on their computers. This policy became effective due to Microsoft no longer supporting Windows 10 after October 14, 2025. This update impacts those with access to: PBJ submissions and CASPER reporting. And just a reminder, the next PBJ report must be submitted by February 14, 2026. There is no work-around for the requirement for Windows 11.

There was discussion about the CMP program and that some states are refusing to accept applications or have state-specific restrictions which is not compliant with CMS guidelines. CMS has provided a helpful FAQ for CMP information found at: Civil Money Penalty Reinvestment Application Frequently Asked Questions (FAQs). If you intend or have applied for a CMP Grant, and you have questions or experience barriers or just need assistance you should contact: CMP-info@cms.hhs.gov

Perhaps one of the most important questions that was discussed was COVID guidance. Many facilities have questions about what processes to follow if/when they experience a COVID outbreak. Some states have even provided less stringent guidance. BUT!!!! In response to questions from AHCA, here is the CMS response: "We are aware that States are developing their own guidelines specifically related to return-to-work policies for NH employees infected with or exposed to COVID-19. Federal regulations at §483.80 require facilities to establish and maintain an infection prevention and control program, including a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases following accepted national standards. At this time, the CDC recommendations are the ***only accepted*** national standard for SARS-CoV-2; therefore, we still direct nursing homes to follow and surveyors to evaluate compliance using the CDC guidance related to managing healthcare personnel with SARS-CoV-2 infection or who have been exposed to someone with SARS CoV-2. Nursing Homes must also follow nationally accepted standards for other respiratory illnesses, as appropriate." So in other words, CMS certified facilities MUST follow the CDC guidelines for COVID at Infection Control Guidance: SARS-CoV-2 | Covid | CDC. This guidance has not been revised since June 24, 2024.

That being said, if the state has reviewed and revised the guidance, assisted living or residential healthcare facilities could appropriately follow state-approved guidelines.

Additionally, based on questions submitted by AHCA related to MULTIPLE facilities reporting inaccuracies in Care Compare in the survey quality calculations. The CMS response is: "Before the transition to iQIES, they were only displaying substantiated complaints. This was removed during the transition. The number displayed is the total number of allegations across three years. They (CMS) understand they need to clarify the change and what the number means. They will be rolling out updates as they continue to evaluate it. • It's the number of allegations across three years, not intakes. There was a filter on for substantiated intakes that led to a citation, but that filter no longer exists." This transition has effected many facilities' star rating for survey outcomes.

Finally, CMS notified providers that the SNF Data Validation Process for Skilled Nursing Facility Value-Based Purchasing (SNF VBP) and Quality Reporting (SNF QRP) programs will start in January 2026. This is a delay from the original timeline which was previously set to begin last fall. Facility management is ENCOURAGED to check the iQIES folder at least every 2 weeks to ensure a request for substantiating information is not in the iQIES folder. This audits are MDS audits for accuracy with appropriate substantiating documentation. Once a request is sent to the facility via the iQIES system, the facility has 45 days to provide the requested information and failure to do so within that 45 day timeframe will result in a 2% withhold of reimbursement funds.

At this special time of year, you are all wished a blessed, joyful Christmas and the best ever new year.