

## 5-29-24 Weekly Clinical Update

Last week, at the AHCA Quality Summit, David Wright from CMS presented to the group updates from CMS. Mr. Wright acknowledged that the survey system of CMS has variability across states and regions and they are working on a revised “Risk-Based” Survey system, which is being piloted in multiple states currently with very positive results. This process would be a “streamlined” survey process for higher performing facilities. Mr. Wright reported that complaint surveys have increased by 12,000 since 2015...whew, that’s a big number! And that fact, in combination with funding to the agency has been “flatlined” for 9 years has led to delayed surveys and an inability of State Agencies to keep up with market wages for surveyor recruitment.

Some areas that CMS is currently working on include:

- Expansion of QCOR ([www.qcor.gov](http://www.qcor.gov)) to QCOR Encore which will provide mapping of findings to enable users of the website the ability to search for specific trends in findings and helpful graphics. QCOR Encore is not available yet, but it is being worked on currently (which is the same thing he reported last year at the Quality Summit).
- Transparency of surveyor training through website of QSEP (<https://qsep.cms.gov/>). In 2017, CMS developed this training site to reduce training costs and increase timeliness of surveyor training and now this website is available to everyone, including providers, so providers can see and utilized the same training on regulatory requirements that the surveyors get. The only difference in the website training is that surveyors are required to pass exams on the various regulations and non-surveyors are not required to pass competency testing. Additionally, CMS is now adding focused training (multiple 10-15 minute videos) created on issues frequently cited in survey findings.

Mr. Wright discussed multiple other “happenings”

- Minimum Staffing Mandate: with emphasis on the fact that the Facility Assessment requirement will be implemented during the survey process on August 8, 2024. A QSO guidance to State Agencies will be issued sometime within a month.
- Revisions to the Special Focus Facilities (SFF): CMS is trying to get this program implemented with the intent to follow the regulatory process to eliminate facilities who have remained on the list for an extended period of time. (Again, this has been discussed by CMS for a number of years).
- CMS CMP Reinvestment Revisions: This program was placed on hold last fall as CMS noticed that multiple facilities received large amounts of CMP monies for “extravagant” projects but other facilities were not recipients of grant monies. This project will be opened back up sometime in the future with specific guidelines for the grants.
- Updates to Nursing Home Compare: 5-Star will be recalculated due to the elimination of Section G & the full implementation of Section GG on the MDS last October. Calculations described in the 5-Star Technical Users Guide will be revised to reflect the differences in G & GG
- Requirements for hospital discharges: Facility-initiated discharges continues to remain high on the radar for CMS, primarily related to “dumping” of facilities on hospitals, but also based on the high cost of hospital re-admissions when care could be provided in the facility if the facility has

competent staff. He indicated the Facility Assessment will be reviewed related to higher acuity care in the facility.

- EBP: Mr. Wright acknowledged that CMS is aware that EBP may have a negative psychosocial outcome to residents related to a decline in dignity. He also acknowledged that CMS and CDC are working together to evaluate the effectiveness of the EBP and they are analyzing data for reduced MDRO infections in nursing homes. He stated that “CDC needs to be reminded of the social aspects of EBP” and stated that the issue “will be revisited fairly soon”.
- Appendix PP Guidance: The guidance is always being reviewed and revised to assist in the survey process.
- Complaint Process: Mr. Wright stated that IJ’s on complaint surveys have increased 80% because State Agencies have been instructed to focus on the tier system, so surveyors are more immediately addressing potential actual harm and IJ reported complaints
- LSC Division of CMS: Mr. Wright reported that in 2019 CMS implemented a re-organization for survey and operational groups and in that re-organization, the LSC division was implemented
- Mr. Wright reported that the QIOs are in the planning process for the 13<sup>th</sup> Scope of Work with an increased focus on nursing homes. (During the State Affiliate meeting, the director of the QIOs reported that the regions are again being re-drawn to provide a similar population in each region to better equate the monies spent by the QIOs.)
- Mr. Wright discussed the Facility Assessment briefly and explained that a QSO could be issued in early summer with specific instructions to surveyors. He did say that surveyors would not “judge” the details of the Facility Assessment but rather HOW the facility got to the numbers in the Facility Assessment.
- Mr. Wright took questions from the Quality Committees:
  - The committee asked if the PBJ guidance could demonstrate less structured guidance related to the ability of a facility to submit late or revise erroneous data and his answer was “more time won’t help” and discussed that the issues with PBJ submission is related to vendors submitting the data and his answer was, “they are your vendors” and he anticipated no movement on the regulation.
- Mr. Wright discussed an “Awareness Campaign” that the Biden Administration has initiated by providing \$75 million for tuition reimbursement for healthcare professionals
- Finally, Mr. Wright discussed “Looming Changes” in the MDS and calculations
  - Staffing Measures: CMS is changing the case mix methodology and some of the Quality Measures are “on hold” for 3 months resulting in anticipated changes in acuity
  - CMS is also making modifications to the “Discharge Function” Score as the old methods used different ADL scores
  - Pressure ulcer Long Stay has had risk removed
  - BIMS will now impact quality measures and BIMS are required to be completed before the date of the MDS lock
  - Facilities are expected to work with rehab related to ADL measures as Function Score is being discontinued
  - Mr. Wright encouraged facilities to use CASPER-Resident Level reports to look for trends/patterns and put implementations to deal with issues identified emphasizing: hospital readmissions, ER visits and discharge success

- Mr. Wright also reported that in the next few years, a majority of beneficiaries will be enrolled in Medicare Advantage so CMS QRP program is being reviewed to expand data to Medicare Advantage as currently there is no Medicare Advantage payment for outcomes.

It was encouraging to see and hear that leaders from CMS are promoting transparency and focused on positive outcomes for residents. Mr. Wright's email address is: [David.wright@cms.hhs.gov](mailto:David.wright@cms.hhs.gov). He encouraged attendees to make contact with him if the provider has questions or has input.