

Centers for Medicare & Medicaid Services
Questions and Answers
Open Door Forum: SNF/LTC Open Door Forum
Thursday, August 4, 2022

1. Question: I was just wondering if you could repeat when the staffing submission deadline is.
 - a. Answer: It's August 14th.
2. Question: This is an iQIES question. The facility security officials, for corporations who have multiple facilities, can the same person be the facility security official for multiple buildings, or does it have to be a different person for each center?
 - a. Answer: Yes, it can be the same person. There is not a limit to the number of providers a security official may have.
3. Question: My question is a food and nutrition question. The expanded qualification for food service director is now two years experience plus say a State service certification. When does that take place?
 - a. Answer: The regulation is effective within 60 - October 2023 is when it's effective.
 - i. Question: Yes. So, up until that point, the other qualifications, they have to be there, you know, associate's degree or higher, food service management, or a CDM?
 1. Answer: Yes
 - a. Comment: That requirement.
 - i. Answer: And those qualifications are still part of the requirement. We just gave that experience qualifier to hopefully help out those people that have years of experience.
 1. Question: They still need to be a CDM or associate's degree or higher, plus two years experience and the State service certification?
 - a. Answer: Or they can have the two years' experience and the third stage.
 - i. Comment: Okay, good enough. But that qualification doesn't become effective until

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October of next
year - of this year,
2022.

ii. Answer: No next
year, October 23
2023.

4. Question: I had a question about the security officials. Are you going to again post the date?
 - a. Answer: Yes, for the rollout and the onboarding? Yes, it'll be posted on QTSO.cms.gov.
 - i. Question: My other question is, any qualification to be the security official?
 1. Answer: No. They need to know who their staff are in the building so that they are providing the correct authorization enroll for submission or reviewing data or reviewing reports.
5. Question: I had a question about the iQIES change as well. And for third-party vendors, is there a limit to the number of facilities associated with a login? My understanding is, for third party vendors who submit on behalf of a provider, will each have to have a login? I'm with PointClickCare. We would have a large number of facilities that we are submitting on behalf of. Is there a limit to the number of facilities under one login? And also, just to confirm, the security officer at each facility would have to approve our association with them. Is that correct?
 - a. Answer: That is correct. If we have not already expanded the number of providers that a vendor can be associated with, we are in the process of that, because, you know, we have OASIS, and they have the same issues. So, we have partially addressed it, but we plan to fully address it by MDS transition. So, you should just have the one.
6. Question: Are we going to be able to receive a text of this conversation?
 - a. Answer: We will be posting the transcript, Q&A document, and the audio recording to our transcripts and podcast page, and you can search that. So, just give us a couple of weeks as we make edits and get answers for everyone. So, thank you.
7. Question: I have a question regarding the recent MDS Errata. We've received a few questions from facility MDS coordinators. Are MDS coordinators at facilities required to do any type of look-back procedure for assessments submitted prior to the date of this Errata? And I'm sorry, that would be for any, if they were to determine any misdiagnosis prior to the date of this Errata.
 - a. Answer: We don't require them to go back and do a look and see, you know if prior they had made a mistake. But if in the course of completing the MDS, they identify an error prior, then they would do a

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modification correction of that MDS. So, if you're comparing the current MDS, if you're going to the previous one, looking for changes, and you realize that there was an error in the coding of the previous MDS, you would do a correction. But as far as going back and looking at all of your previous MDS, you would not do that.

8. Question: A question regarding the food and nutrition director. The verbiage in the publication and the Federal Register, speaks to the position of the Director of Food and Nutrition Services. So, in other words, they would have had to be in that position for two years in order to obtain the experience component. Is that correct?
 - a. Answer: Yes, that is correct.
9. Question: And then the second component of that is the no later than one year following the effective date of the rule. So, does the opportunity expire after that date, or could you just extrapolate a little bit more on that date and what it means?
 - a. Answer: So, after this rule goes into effect, we've given a one-year extension on being able - it just provides additional time to come into compliance, if you will.
 - i. Question: So, after October the 1st - yes. After October 1st, if there are people that are in the limbo land, so to speak, and they're getting the two years, plus they're taking the search date after that date, it will still be valid. Is that correct?
 1. Answer: Yes.
10. Question: How do you anticipate staffing minimums impacting reimbursements? And could these minimums positively impact reimbursement rates to help us stay competitive with other segments of healthcare?
 - a. Answer: Is this for the staffing standard question, just to clarify? For the RFI?
 - i. Comment: Yes
 1. Answer: Yes. So, the staffing planning just kicked off at the end of May, and it's going to run through to December. So, currently, we're not in any place to opine on what a minimum staffing standard might look like or what, you know, payment might affect. So, there'll be briefings farther down the road to speak to that. We're just considering comments still at this time.
11. Question: My question has to do with the Director of Food and Nutrition Services. The two-year experience credit has that you are on a course of study in food safety and management. And I've been hearing the word ServSafe, which is the hotel restaurant management of food safety eight hours certificate course. My understanding was, this is not enough in prior discussions to meet

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qualifications. Is that still in effect? Or I guess I want to know what you consider more a course of study in food safety and management to obtain that experience, two-year experience.

a. Answer: Right. In the actual rule, we did give different examples of some of the courses that needed to be covered through this. But in the previous one we proposed, we had heard different things about, you know, just years of experience wasn't enough qualification, or just taking these ServSafe, or other similar courses, was not enough experience. That's why we combined them together in hopes that that will give people more experience, but it doesn't necessarily have to be ServSafe. There are multiple other ones, but in the regs text, it actually lists out the required topics that we want people to seek in their education to receive that education on that.

i. Question: Because I teach the certified dietary manager class. So, a six-month program that incorporates a lot more. And definitely during this pandemic, we have used - especially with infection prevention. So, that's why I'm questioning just the ServSafe does not go deep enough for healthcare, right.

1. Answer: Right. Yes. In the preamble, we've used that as an example, but that was just an example. There are plenty of other programs that people can take that have similar or additional courses, but that was just an example that we used. We don't call out specific course study, we call out specific classes, but we don't call out specific programs in our regs text, because I know there's multiple ones.

12. Question: I'd like to discuss the MDS section I, about when to code and when not to code. Can you please go over that example again?

a. Answer: So, when you look at the requirements for coding an active diagnosis in the RAI manual, currently you have to have a written diagnosis, physician-documented diagnosis in the last 60 days, that has a direct relationship to the residents current status, with a functional cognitive neural behavior. It also requires, when you look under the identifying diagnosis, it instructs you to look at the medical record for sources of the documentation. It also talks about communication between the physician and the interdisciplinary team. And it talks about having diagnostic information, including past history, that is it came from family members, close contact that's documented in the medical record to ensure the validity. So, when you're looking at diagnosis, you're looking to make sure that there is information in the medical record to support the diagnosis prior to coding it on the MDS.

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- i. Question: If we miscoded something on section I, did you say that we could be reported to the Professional Nursing Board?
 - 1. Answer: Not for miscoding the MDS. What the new piece of information that is included in the manual, and in the State operations manual, in situations where practitioners such as the MDS coder, the person that's completing the MDS, has potentially found a misdiagnosis, so if they have a diagnosis, say, a resident is newly diagnosed with a mental disorder, and there's no documentation, there's no evaluation of the resident, signs and symptoms of the mood disorder is documented in the medical record. If that piece is missing, and it doesn't have the diagnostic information, and the Section I would not then be coded. If the person that is looking at that documentation and that diagnosis, or maybe a State surveyor identifies a misdiagnosis of a resident, then a referral to the State Medical Board or the Board of Nursing, may be necessary at that point.
- 13. Question: Someone mentioned the staffing requirements. You said that the policy will be updated in about a year from now?
 - a. Answer: Yes, that's correct. That's the target.
 - i. Question: For the construction, how it affects the residents after the PHE. There was mention of construction requirements, how it affects residents after the PHE. Can you elaborate on that?
 - 1. Answer: The finalized changes ensure the safety of residents while allowing those older existing LTC facilities impacted by the adoption of the 2012 edition of the National Fire Protection Association (NFPA) 101 to maintain compliance and avoid substantial expenses related to the renovation of their facility structure through continued to use the 2001 Fire Safety Equivalency System (FSSES) mandatory values. The changes do not negatively impact the health and safety of residents as facilities will still be required to maintain compliance with FSSES requirements.
 - 14. Question: On the security officers on the rollout, how do we know what region we're in?
 - a. Answer: If you don't know the region you're in, it is set up by State. And if you go to the CMS site, you can put in regional offices, and it should pop up. But they're numbered, northeast down to southeast, across the country.

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