

Meeting summary for OHCA NF Member Call (12/17/2024)

Quick recap

The meeting covered discussions on healthcare and staffing, including legal cases, CMS initiatives, and technical updates related to nursing homes and skilled nursing facilities. Participants reviewed outcomes from a governor's task force on nursing home quality and accountability, as well as upcoming changes to the 5-star technical users guide and new legislation affecting resident advocacy. The meeting also addressed revalidation guidance, billing processes, and training for certified medication aids, with participants seeking clarification on various issues and awaiting responses from relevant authorities.

Next steps

- OHCA to provide free education on the Never Alone Bill provisions as the effective date approaches (likely in February or March).
- OHCA to check for more information on whether hospices are considered ADPs for revalidation purposes.
- Members to expect payment delays for hospice room and board claims starting in January 2025 due to manual processing requirements.
- Members interested in expanding CMA scope of practice to consider registering for OHCA's insulin competency training webinar on January 15th.
- OHCA to distribute Point Click Care's demonstration recording and slides on setting up private room revenue codes in Friday's news bytes.
- OHCA to confirm with ODM about billing for retroactive dates of service for private room add-ons for Medicaid pending residents.

Summary

Healthcare Staffing and CMS Mandates

In the meeting, Debbie and Pete discussed various topics related to healthcare and staffing. They discussed the ongoing legal cases around the CMS staffing mandate rule, with HCA filing their brief and HHS having until January 17th to file theirs. They also discussed the recent actions of CMS, including the release of a website for the CMS Nursing Home Staffing campaign and the Explore Nursing Home Careers website. However, they expressed doubts about the effectiveness of these initiatives. They also discussed the coding of non-invasive vents on the MDS, with the Department of Health needing to clarify their response to this issue. Lastly, Pete mentioned some technical user guides and new valid revalidation guidance, but the specifics were not detailed in the transcript.

Governor's Task Force Meeting Update

Pete discussed the outcomes of the Governor's task force on nursing home quality and accountability. He noted that the meeting was longer than expected, with a focus on the report's recommendations and their progress. Pete highlighted that there were few new developments, with the main updates being about the state standard for quality and the Excel program. He also mentioned that the Navigator version 2.0 is expected to be released in early 2023, and that the survey for license renewals has been well-received, with only 51 facilities remaining to respond. Pete also mentioned the expansion of the Excel program and the need for more funding. Lastly, he expressed disappointment in the lack of progress on workforce issues.

Upcoming Changes and New Roles

Pete discussed the upcoming changes to the 5-star technical users guide, which will take effect in January 2025. He highlighted the new cut points for quality measures that will be used for July 1, 2025 rates. Pete also discussed the Never Alone Bill, which creates a new role in skilled nursing facilities and other facilities, allowing residents to appoint an advocate. He clarified that this legislation is not part of the licensure law and will not be enforced through surveys. Pete also addressed the revalidation guidance, which now includes staffing agencies as administrative services providers (ADPs). Lastly, he mentioned an upcoming webinar on the appendix PP changes and encouraged participants to attend for a better understanding of the changes.

Hospices, Billing, and Medicaid Updates

Debbie raised a question about the consideration of hospices in the revalidations, which Pete agreed should be included. Erin clarified that hospices are under a hospice plan of care, not facility policy, and thus not creating policies and procedures. She also discussed the manual process for billing private rooms, which will cause payment delays. Erin also mentioned that they are working on a training for certified medication aids to use the expanded scope of practice. Lastly, Pete mentioned that they are waiting for a response from Medicaid about retroactive dates of service for private rooms.

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