

## Meeting summary for OHCA NF Member Call (04/02/2024)

### Quick recap

pete led the SNIP member call, discussing updates on the proposed fiscal year 2025 payment rule by CMS, a proposed rule change for skilled nursing facilities, and ongoing issues related to healthcare and business. There were also discussions about the use of Evp precautions in different scenarios, concerns about the EBP (Environmental Bio-surveillance Program), and the loss of beds in Ohio. Lastly, the distinction between wounds requiring EVP and those that don't, particularly in the context of skilled nursing and assisted living, and the potential timeframes for peripheral IV devices and wounds that could lead to MDROs infection were discussed.

### Next steps

- Pete will follow up with CMS to gather more information about the proposed payment rule changes and the expected timeline for implementation.
  - Heidi will share the link to the CDC's critical element pathways and the definition of a dwelling medical device in the chat for the team's reference.
  - Joe will address the two specific areas of confusion regarding EBP implementation and storage of PPE in the next call.
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### Summary

#### SNIP Member Call and EBP Update

pete led the weekly SNIP member call, which was delayed due to the CMS Open Door Forum. He informed the members that the call might not occur next week as he would be out of town for a conference. He encouraged everyone to check their emails for either an invitation or cancellation notice. The main topic of the call was the EBP, but pete started with a few other updates. He reminded everyone about the last day to register for the early bird rates for the OHACA Convention and mentioned that regular registration would be more expensive after this date. He also hinted at a major news development since their last call, related to EBP.

#### CMS Fiscal Year 2025 Payment Rule Discussion

pete discussed the proposed fiscal year 2025 payment rule by CMS, emphasizing that while the details often remain similar between the proposed and final versions, the updated market basket was a notable change. He explained that the total update, which currently stands at 4.1%, could change based on new data, but most other aspects, particularly those related to policy and providers, would likely remain the same. pete shared that the final rule, expected to be issued in mid-July, would clarify the exact figures. He also noted changes to the Quality Reporting system, including the addition

of social determinants of health measures, which would start being collected in October 2025. Finally, he mentioned upcoming webinars with more details on these changes.

### **Skilled Nursing Facility Rule Change Proposal**

pete discussed a proposed rule change that would allow the imposition of both per instance and per day civil money penalties (cmps) for skilled nursing facilities. The rule would apply when a survey identifies one or more deficiencies. The proposed change, which is not yet final, would also allow multiple cmps for the same deficiency, as long as they are based on different incidents. pete mentioned that this approach would be a departure from the current practice of considering multiple citations for the same fact as double dipping. However, he also noted that the change could lead to additional resources being diverted from compliance and problem-solving efforts. The rule change is expected to go into effect later in the year, but its finality is still being opposed by industry groups.

### **Pete's Update on Ongoing Issues and CMS**

pete discussed several ongoing issues including the proposed payment rule, the "rid of mandamus" matter, and the private room program. He also shared updates on healthcare-related matters from the Federal Government's CMS and ASPER branches, and a news update from Aaron. Business-related issues such as bed tax refunds and minimum staffing were also addressed, with a final rule expected to be released by April 11th. The delay in the start of the private rooms project was discussed, with the next possible start date uncertain due to CMS' approval process. pete expressed a desire to gain a better understanding of CMS' timeline and decision-making process.

### **Provider Licenses, Private Rooms, and Dialysis**

Eli raised concerns about providers giving up bad licenses in anticipation of an enhanced reimbursement for setting up private rooms, and potential recourse issues if the reimbursement is not approved. pete acknowledged the risk but asserted that private room programs are usually approved and beds could be restored if necessary. There was also a discussion about the dialysis process for patients with a fistula, with Brian acknowledging a lack of understanding. Heidi was noted as having more knowledge on the topic. Lastly, the requirements for wearing Evp in different scenarios and the classification of colostomy were discussed, with TammyCox clarifying that colostomy did not meet the criteria as it was previously considered a wound.

### **Discussing Evp Precautions and High Contact Care**

TammyCox and pete discussed the use of Evp precautions in different scenarios. TammyCox raised concerns about the cost-effectiveness of using Evp for class care due to the high contact involved. pete explained the concept of high contact in the context of care duration, emphasizing that it's not about the type of contact but its length. For instance, transferring a resident from a wheelchair to a dining room chair and back is considered low contact because it's quick, but transferring a resident from a

wheelchair to a chair in their room, even for a short duration, is considered high contact. The discussion also touched on the distinction between care bundling and regular transfers.

### **EBP Implementation and Pet Update**

pete discussed concerns raised about the EBP (Environmental Bio-surveillance Program) and its implementation, particularly highlighting the need for registration for notices and the high number of people on the mailing list, which he suggested could be managed better. He also mentioned the need for using EBP according to CDC guidelines. Additionally, he shared that Rudy, a pet, was scheduled for surgery. Lena confirmed the revision of the critical element pathways, which pete agreed to discuss further.

### **Ohio Bed Reduction and Medical Devices**

pete discussed the loss of about 5,000 beds in Ohio over the past two to three years, primarily due to surrendering beds and closures. He clarified that the reduction in beds was not because of a decrease in demand, as the census is still below the pre-pandemic level. He also mentioned the definition of an 'in dwelling medical device' and the difference between a peripheral line and a midline or central line. Lastly, he expressed confusion about certain aspects, which he intended to clarify later.

### **Pete Addresses EVP Guidelines and Assisted Living**

pete discussed the distinction between wounds requiring EVP and those that don't, specifically in the context of skilled nursing and assisted living. He clarified that the current guidelines, which were initially not being enforced, are now being required. He also raised concerns about surveyors potentially applying these guidelines to assisted living, which he argued doesn't fall under their jurisdiction due to differing infection control policies. He suggested pushing back on this application and emphasizing that assisted living has its own infection control policies. He also mentioned a specific case involving a resident named Rudy.

### **Peripheral IV Devices, Wounds, and PPE Guidelines**

pete discussed the potential timeframes for peripheral IV devices and wounds that could lead to multi-drug resistant organisms (MDROs) infection. He emphasized that the duration of contact with devices and open wounds increases the chances of MDROs colonization. He also highlighted two conflicting guidelines regarding the storage of Personal Protective Equipment (PPE) and signage in residence rooms, suggesting that surveyors might look for either of these depending on their reading. pete encouraged the team to ask questions during the meeting and seek further clarification when needed.

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