

## CMS Nursing Home Stakeholder Questions: Some Answers

On April 1, CMS hosted a national call for nursing home providers. As in previous calls, CMS experienced technical difficulty due to the volume of calls. Recordings of CMS calls can be found [here](#) and calls generally post within a few days.

During this week's call, CMS reviewed the latest round of 1135 waivers to be approved. More information on these waivers can be found [here](#). CMS provided little information beyond what is shared in [this CMS summary document](#). Recall that blanket waivers are implemented at the federal level and due to the nature of the COVID-19 emergency, are applicable across the country, despite geographic location. Taking action under a blanket waiver does not require special permission or notification to CMS. The approved blanket waivers are retroactive to March 1, 2020, and will remain in effect throughout the duration of the national emergency.

**Training and Certification of CNAs.** One waiver that has generated many questions from members relates to the training and certification of nurse aides. CMS clarified that the purpose of this waiver is to allow nursing homes to maintain full-time employment beyond 4 months for individuals who demonstrate competency in the skills and techniques necessary to care for residents' needs. For questions specific to CNA training, including required hours and processes, refer to your state authority.

During a separate call with CMS, LeadingAge expressed a number of questions and concerns that we have heard from members over the past week. Below is a summary of these concerns and applicable responses from CMS.

### Staffing and Hiring

**Staff with multiple healthcare jobs.** Many nursing home providers throughout the country employ staff who hold multiple healthcare jobs. Some employees work at more than one nursing home. Others work in both nursing homes and hospitals or home health agencies. CMS advised in [QSO-20-14-NH REVISED](#) that facilities should identify staff that work at multiple facilities. Recognizing the risk of transmission that this poses, we requested CMS provide additional guidance on how to manage these risks, including guidelines around appropriate quarantine procedures for asymptomatic staff who have worked in a facility where COVID-19 has been confirmed. At this time, CMS states that providers should refer CDC guidance for [return-to-work criteria](#) and [risk assessment of healthcare personnel](#).

**Hiring Issues.** LeadingAge also shared concerns we have heard from members regarding hiring issues. In many states, fingerprinting and background checks have been suspended or drastically limited, creating barriers to bringing displaced workers into the aging services workforce. We have also been hearing concerns from members regarding certain employee requirements, such as CPR recertifications, annual physical exams, and annual TB screens. CMS did not comment on these concerns, but we note that the American Heart Association issued this [guidance on CPR card extensions](#).

### Surge Capacity

**Converting non-resident rooms for resident care and use.** One of the more recently-issued 1135 waivers waives certain requirements around the physical environment to allow nursing homes to allow non-SNF buildings and non-resident rooms within a SNF to be converted for resident and care use.

When converting a non-resident room within a SNF, providers must ensure that residents can be kept safe and comfortable while continuing to meet other requirements of participation. SNFs must also ensure that such conversions and surge capacity strategies are consistent with a state's emergency preparedness plan or the local/state health department directives. When asked how this waiver relates to the use of Medicare-certified beds for non-Medicare residents, or adding beds to licensure to address surge, CMS stated that providers must address this at the state level since licensure is issued by the state.

**Converting buildings for surge capacity.** Related to the conversion of a non-SNF building for SNF care to address surge capacity, CMS reminds providers that the non-SNF building must be an approved and enrolled structure. Recall that provider enrollment flexibilities were granted in the first round of 1135 waivers. CMS encourages providers to work with their state agencies and CMS regional office for enrollment.

**FEMA surge capacity sites.** In some states, providers or public authorities are working together to designate specific COVID-19 sites. CMS's expectation in these circumstances is that 2 or more certified long-term care facilities would work together to shift residents to the appropriate destination and continue to provide care consistent with federal and state requirements within these certified facilities. Regarding the care sites being stood up in some states by FEMA, these sites are under the direction and discretion of FEMA and at this time, it does not appear that FEMA is able to assist existing providers with standing up alternate care sites upon request.

#### Reporting Requirements

**PBJ Submissions.** Payroll-based journal (PBJ) submissions have been waived in the most recent round of 1135 waivers. CMS clarified that the purpose is to alleviate nursing homes of the burdens associated with collecting and submitting PBJ information, and nursing homes will not be expected to submit retroactive data once the national emergency has been lifted.

LeadingAge notes that waiving the submission of PBJ data impacts Nursing Home Compare Five-Star Quality Ratings. The health inspection and quality measures domains have also been impacted by the COVID-19 national emergency, with the suspension and reprioritization of survey activity and the waiver pertaining to MDS submissions. When asked if CMS plans to freeze five-star ratings as a result, CMS stated that they are currently evaluating how best to continue providing information that is accurate and fair. Recall that, as it stands now, quality measures thresholds will be recalibrated with the April Nursing Home Compare refresh.

LeadingAge will continue to address questions and concerns to CMS and keep members up-to-date in this rapidly-evolving new normal. Be sure to check the [LeadingAge COVID-19 page](#) daily for updates and login in the COVID-19 group on the [LeadingAge Member Community](#) to share with and learn from other members.