



Indiana State
Department of Health

LONG TERM CARE NEWSLETTER

ISDH Long Term Care Newsletter
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Today's Issue:

- CMS Update
 - QSO 18-17-NH Transition to Payroll-Based Journal Staffing Measures on the Nursing Home Compare tool
 - Emergency Preparedness Survey Update

CMS Update

Transition to Payroll-Based Journal (PBJ) Data

CMS recently released a new guidance document pertaining to payroll-based journal data. Staffing in nursing homes has a substantial impact on the quality of care and outcomes residents' experience. For more than 10 years, CMS has been posting information on facility staffing measures on *Nursing Home Compare*, including the number of hours of care on average provided to each resident per day by nursing staff as reported by a facility. These staffing measures are also used to calculate each nursing home's star rating for the staffing domain as part of the *Five Star Quality Rating System*.

CMS has been using staffing data collected through forms that are completed manually by nursing homes, and submitted approximately once a year (Forms CMS-671, Long Term Care Facility Application for Medicare and Medicaid, and CMS-672, Resident Census and Conditions of Residents). Since July 2016, nursing homes have been submitting data electronically through the Payroll-Based Journal (PBJ) system as required under section 11281(g) of the Social Security Act (the Act) and 42 CFR §483.70(q).

In the early stages of the PBJ program, some facilities experienced challenges to submit complete and accurate data. However, at this time, there are a much lower number of facilities experiencing such challenges. Therefore, beginning in April 2018, CMS will begin using the PBJ data to calculate staffing measures which will be posted on *Nursing Home Compare*, and used in the *Five Star Quality System*. Staffing measures and staffing star ratings will be calculated based on the data for the 2017 Calendar Quarter 4 that was submitted prior to the February 14, 2018 deadline.

In addition, starting June 1, 2018, we will no longer collect facility staffing data through the CMS-671 form. Facilities will no longer be required to complete the staffing portion of the CMS-671. All other information requested on the CMS-671 unrelated to facility staffing will still be required.

Additional information is available:

- [QSO-18-17-NH Transition to Payroll-Based Journal \(PBJ\) Staffing Measures on the Nursing Home Compare tool on Medicare.gov and the Five Star Quality Rating System.](#)

- [Frequently Asked Questions - Transition to Payroll-Based Journal \(PBJ\) Staffing Measures on the Nursing Home Compare tool on Medicare.gov and the Five Star Quality Rating System](#)

Emergency Preparedness Survey Update

During a recent phone conference, the Centers for Medicare and Medicaid Services (CMS) directed survey agencies to cite Standards / Conditions of Participation (COP) that would initiate enforcement actions in situations where Emergency Preparedness (EP) surveys find that any of the four major core elements of a facility's Emergency Preparedness Program is missing in its entirety. As a reminder, the four core elements of the Emergency Preparedness Program are:

RISK ASSESSMENT AND PLANNING - all providers must develop an emergency plan using all hazards approach, plan and identify in advance essential functions and who is responsible in a crisis.

POLICIES AND PROCEDURES - developed based on the plan (e.g. medical documentation, evacuation or shelter and place)

COMMUNICATION PLAN - alternate means of communication, provide info to local authorities sharing medical info, and providing occupancy information and ability to provide assistance to other facilities in the community.

TRAINING AND TESTING PROGRAM - train staff and test the plan through drills.

When a facility cannot demonstrate through its documentation that they have developed any of the above elements (i.e. no risk assessment, no emergency preparedness (EP) policies and procedures, no communication plan or no training and testing program), the surveyor is expected to consider citing the finding(s) in nursing facilities at a scope/severity level of "F" or higher deficiency. In provider types with Conditions of Participation (COP) such as Intermediate Care Facilities for Individuals with Intellectual Disabilities, the appropriate COP(s) should be cited (such as §483.475 the COP of Emergency Preparedness [E0001], in addition to related standards associated with the core element that is missing from an ICF/IID facility's EP program).

Additional Information for Emergency Preparedness - [State Operations Manual Appendix Z- Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance](#)

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