

Centers for Medicare & Medicaid Services
Skilled Nursing Facilities/Long Term Care Open Door Forum

Moderator: Jill Darling

Thursday, December 8, 2022

1:00 pm ET

Coordinator: And thank you for standing by. At this time all participants are in a listen-only mode. This call is being recorded. If you have any objections, you may disconnect at this time. I will now turn the meeting over to your host, Jill Darling. Jill, you may begin when ready.

Jill Darling: Great. Thank you (Erin). Good morning. And good afternoon everyone. I'm Jill Darling in the CMS Office of Communications and welcome to today's Skilled Nursing Facilities Long-Term Care Open Door Forum. Before we get into the agenda first and foremost, thank you all for your patience as we wait to get many folks in for the call today.

I have one brief announcement. This Open Door Forum is open to everyone, but if you are a member of the press, you may listen in. But please refrain from asking questions during the Q&A portion of the call. If you have any inquiries, please contact CMS at press@cms.hhs.gov. And we will start off with Will Harris who will talk about the importance of COVID-19 vaccines and timely treatments.

Will Harris: Thank you very much Jill. My name is Will Harris. I'm a Senior Advisor in the Administrator's Office here at the Centers for Medicare and Medicaid Services. I am with you today to talk about the importance of COVID-19

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vaccines in nursing homes, as well as giving timely COVID treatments to residents.

This is part of an ongoing six-week sprint that was announced by the White House a couple of weeks ago. I'm sure you all heard and saw the attention that the President and the COVID Coordinator, Dr. Ashish Jha have given to this item.

And in fact, this topic was the issue for Dr. Anthony Fauci's last public press conference that was held a couple of weeks ago. So they stressed this message there at the White House Press Room, and I am very happy to echo it here for all of you.

The first thing I want to do of course is thank you for the hard work that you are continuing to engage in. I always think - want to acknowledge that I know that just saying thank you is insufficient. I know that hard work deserves more than just saying thanks, but I also am not going to let that stop me from thanking you all for your continued hard work on the front lines of this pandemic and the work you are doing to keep your residents safe. So thank you for that.

What I want to emphasize quickly here is a new quality safety and oversight memo that the agency put out a couple of weeks ago that I believe is linked in the agenda that you should all have. And that memo emphasized the importance of COVID-19 vaccines for nursing home residents as well as the importance of timely treatment.

As you all know, CMS requires that nursing homes offer the COVID-19 vaccines including any of their boosters to residents and educate on their benefits. That's a requirement from CMS. And to be frank with you, the data that we are seeing come out of the CDC and - has - is something that we're paying very close attention to as far as you know, what we are seeing reported on that front.

The number of nursing home residents who are up-to-date with their COVID-19 vaccines is far too low. We need that to increase particularly as we go into these winter months, when we are anticipating potential spikes of respiratory illness. There, I'm not just saying high, this needs to be higher. There are resources available to support you. And other folks will be on the - to talk in a moment about help that you can get from our quality improvement organizations which can coordinate with you to make sure you get onsite support for vaccination and also make sure you get any technical assistance or educational materials that you might need to help people know just how important it is to get that updated vaccine.

For us, we think this is really important. This is a top priority for the entire administration and Certainty for the leadership of CMS. You know, the deaths and the severe illness that we see from COVID right now are concentrated in people over 65.

Obviously we know that illness can spread more quickly in congregate settings like nursing homes and other long term care facilities. So this is a real key focus for us to make sure you're hearing that this is something we're paying close attention to. So that that's point number one.

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Point number two, that we also echoed in that memo that went out a couple of weeks ago was the importance of making sure that people get treatment in a timely manner. Oral antivirals are available to treat COVID-19 and for them to be effective, they need to be given in the first few days of symptom onset. So with that in mind, we've echoed that if - you may want to consider having a small stockpile, ordering some in advance from your long term care pharmacies, to make sure that you have some on hand when they are needed and ensure that, you know, the medical personnel and through the clinic all of the clinical personnel in your facility know just how important those antiviral medications can be for preventing hospitalization.

I think that one key message that we have heard is important for residents and their families is that avoiding, going to the hospital is a key benefit of getting vaccinated and for if you have a COVID-19 positive infection that you get treated if appropriate. Everybody wants to avoid being admitted, right? So I think that's a very effective message that you can continue to hammer home.

So that - that's essentially the top lines that I wanted to bring to you. I wanted to, to pass along again, the thanks for your hard work from our administrator to Chiquita Brooks-LaSure, who is incredibly focused on the issue of nursing homes and the safety of both their residents and staff. That is a top priority for us, and we are thinking about this hard and have eyes on it every day.

So again, let me thank you for your work and ask, you know, make a real sincere ask here for your help in making sure that we're, you know, working hard and turning over every stone to ensure that residents are up-to-date on

their COVID-19 vaccines. And with that I want to turn it over to my colleague, Anita Monteiro who's going to talk to you about some of the QIO's work and other and those kind of resources that are available to you to support this important effort. Take it away, Anita.

Anita Monteiro: Thanks, Will and good afternoon everyone. I'm Anita Monteiro. I'm the Director of the Quality Improvements Innovation Group here at CMS and I want to echo Will's appreciation for your hard work. As you continue that work, please know that we are here to support you and to further advance your efforts.

As Will mentioned, CMS contracts with quality improvement organizations or QIOs as we call them, the QIOs, we have 12 QIOs that cover the entire country, and they're available to assist any nursing home in the country that could use additional assistance in trying to increase vaccination rates. You can contact the QIO for your state directly by doing an Internet search or locate your QIO and the QIO for your state should come up.

On the right-hand side of the page click on Locate Your QIO, enter your state and the Web site of the QIO and their direct phone number will come up.

Another way to request assistance is to email Colleen Frey directly. Colleen Frey is the Director of the Quality Improvement Program, the QIO program. She is on the call here with us and her email is colleen.frey@cms.hhs.gov. It is C-O-L-L-E-E-N dot F as in Frank, R as in Robert, E as in Edward, Y at cms dot hhs dot gov. Colleen and her team can have the QIO contact you and help you.

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I want to go over some of the things that the QIOs can do for you. And Will mentioned some of those. First, they can help set up a mobile clinic on site to help vaccinate folks whether it's residents, staff, family, visitors. They've done this several hundreds of these clinics that they've established across the country. And they'd be happy to put one together for you at your request.

Second, they can answer any questions you may have around the use of therapeutics, Paxlovid, Remdesivir, any questions around the use of vaccines. And if there's information they don't have or current information that's not available, they can reach out to our federal partners and get that information to you.

Number three, they can help identify vaccine supplies if you face a shortage of supplies in your area. So whether it's a shortage of supplies or in some nursing homes, we've heard about maybe a lack of licensed folks to administer the vaccine in that local area, reach out to the QIO, and they can put you in touch with someone who can administer the vaccine.

Four, they can also help connect you with other facilities who have successfully reached good vaccination rates to learn and to share some best practices. And five, last but not least, Will mentioned the need for accurate data and the need for timely reporting.

The QIOs can help you with reporting vaccination data accurately. This is something they have been doing throughout the pandemic. So this is something they can help you with as well.

One last thing that I'll share is that CMS is also working with our federal partners, the FDA and the CDC to provide you with the latest, trusted information available to answer questions around the use of vaccines and therapeutics. And we will - we are working on those resources at this time. So we will be sharing some helpful information to you through flyers and brief two, three minute, ten minute podcasts which will help answer some of the questions that folks may have.

So again, contact your QIO for your state by doing an Internet search, locate your QIO. You'll get their Web site and their phone number and can contact them directly. You can also contact Colleen Frey here at CMS. Thank you very much. And with that, I will turn it over to our next speaker, (Lorelei Kahn). (Lorelei)?

(Lorelei Kahn): Hi. This is (Lorelei Kahn) from the Division of Nursing Homes. This is just a reminder that because of the holidays, there is no December update to Nursing Home Care Compare. The November update occurred on December 7 and the next update is scheduled to occur on January 25. And with that, I will turn it over to Ellen Berry.

Ellen Berry: Thanks (Lorelei). Happy holidays to everybody. On the last ODF I announced that CMS will be transitioning the MDS to iQIES in early 2023. We are still on target for that. Onboarding for provider security officials began in August and is ongoing. We have had over 60% of the nursing homes and swing bed providers register with the security official. This is a great response. We of course, would like to see a 100%.

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In mid-November we began the process for general onboarding. General users who are waiting on approvals should contact their provider security official, not the iQIES help desk. If you are not able to onboard due to your facility, not having a security official, you will need to work within your organization to onboard a security official first. Only provider security officials can approve the users for their organization. Links related to the onboarding process have once again, been included with the agenda.

That's all I have today for today. Have a happy and safe holiday season. Jill, back to you.

Jill Darling: Thank you, Ellen. And thank you, (Lorelei), Will and Anita. (Erin), will you please open the lines for Q&A?

Coordinator: I sure can. Thank you. If you would like to ask a question, please press Star 1 at this time. Please unmute your phone and record your name clearly when prompted. Your name is required to introduce your question. To cancel your request, you can press Star 2. Again, to ask a question, please press Star 1 at this time. And speakers, our first question comes from (Joel Van Eton). Your line is open.

(Joel Van Eton): Hey, thank you so much for taking my question today, just kind of a follow-up. I want to find out - I know nothing was spoken on this today, but yesterday CMS released some new resources for the PHQ-2 to 94 Home Health ERVs and LTCHs. And I'm wondering if you all might be able to give us an update related to when resources will begin to flow our way to the SNFs related to MDS Version 1.18.11? Thank you.

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Ellen Berry: Heidi, did you want to answer? Okay, this is Ellen. I'm going to do my best here. I would say that one, you can use the other provider settings for a general overview of the similar items that are across settings, right? There might be a few little caveat differences just because we cover not just quality, but also PPS requirements. So those might be the little differences that exist.

But the plan for a draft manual is probably early second quarter of 2023. And then the trainings will basically mirror what we already have out on the Web site for the IRF and LTCH, but we think there'll be a release probably mid-May.

(Joel Van Eton): Okay.

Ellen Berry: And then I think we are going to have live workshops in June.

(Joel Van Eton): So, will those trainings - I have a follow-up real quick if I may.

Ellen Berry: Okay.

(Joel Van Eton): Will those trainings include some of the major issues like with Section G being eliminated and so forth, and the effect on the quality measures, the cause, five-star rating, that sort of thing? Will those trainings include some ability for us to be able to acclimate to those kinds of changes as well?

Heidi Magladry: Hi, this is Heidi Magladry, I'm the SNF QRP Coordinator. I was just put through. Can you hear me?

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(Joel Van Eton): Sure.

Heidi Magladry: So, and I apologize. All the information that Ellen already shared is true, but I missed your second question that you said about acclimating.

(Joel Van Eton): Oh.

Heidi Magladry: So could you repeat piece of the question?

(Joel Van Eton): Well, yes. And so I appreciate Ellen sharing the - sort of the timeline here for us to be expecting those trainings and the updated RA manual. I guess the question for me is will those trainings, and will there be other resources available throughout to help us acclimate, if you will, to the changes like Section G being gone related to quality measures, related to the five star rating related to acuity in staffing for five star, those kinds of things with the residual effect that caused - the cause as well from Section G those kinds of things that will change. Will those trainings be able to address those, or will they or are they plan to address those kinds of major changes as well?

Heidi Magladry: You know, I cannot speak of the changes on the five star. Like I said, the trainings that Ellen said that we have planned will mirror kind of what's new for the MDs in this version. There will be some training on - yes, I guess I can't speak to - We - again we plan on doing exactly similar to what we did in ERV and (LTCH) and we will, you know, share the same kind of materials. I know that they recently posted did some cue cards for CHQ 2 to 9 to help providers. I don't know if any of our DNH colleagues are on that can speak to

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anything about changing to the five star? It sounds like there's no one on to speak to that.

(Joel Van Eton): Yes. I guess...

((Crosstalk))

(Joel Van Eton): I guess my point -- my point in asking the question if I may, is just as an encouragement to CMS to help us as a SNF community to be able to acclimate to these changes with Section G and other things about the MDs that are shifting in relationship to the things that we're used to seeing now and understanding like the technical specifications for some of the quality measures that impact five star. Of course, the staffing from the Strive Study will be impacted by that, Pause -- those kinds of things. With Section G being gone those kinds of issues will be things that we'll have to learn along with the new items on the MBS. So that's definitely my reason for asking that question. Thank you.

Heidi Magladry: Appreciate your question. I'll pass that along to my colleagues.

(Joel Van Eton): All right. Thank you very much.

Heidi Magladry: Appreciate that.

Coordinator: And our next question comes from (Chrissy Farr). Your line is open.

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(Chrissy Farr): Hi, good afternoon. And thank you for having this call today. Earlier in the call, it was mentioned that HHS and CMS are going to be paying close attention to the utilization of the vaccinations, as well as the use of antivirals in the skilled nursing facilities and long-term care settings.

I have a sort of a two-part question. One is what effort is being made on your behalf at HHS and CMS with respect to hospitals also participating in an effort to vaccinate residents because - for their patients because we get a lot of residents that haven't even been offered the vaccine at the hospital.

And then the second part to that is, as we all know, all the antivirals require a physician order. And our physicians are very hesitant to prescribe the medications because they feel that the residents aren't as sick as they used to be. And so we are facing a very big challenge even with the education we provide in getting our physician to prescribe antivirals. Thank you.

Will Harris: Thank you. Those are really good questions. This is Will Harris. I'm so sorry. I missed your name at the very beginning. Remind me.

(Chrissy Farr): (Chrissy), (Chrissy). That's okay.

Will Harris: (Chrissy), thank you. I appreciate those of these questions. Let me tell you a little bit about both of them. On the first one, that's also a focus of CMS right now. We've reached out to the hospital associations about that effort, and we are - what - we want this be hospitals at least offer but certainly ensure that patients are vaccinated before they're discharged, especially if they are being discharged to nursing homes or long-term care settings. That's on our radar as

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well, and it's something that we have begun those discussions on. And I'm actively working on ensuring that that message is getting out to the hospitals from both us and other appendages across the department.

So, please do know that we are on top of that one and have heard that concern loud and clear, appreciate hearing it from you, but also want you to know I've been hearing it for a little while.

On the - on your second point too, I'll make sure to take that concern back and make sure that my colleagues and counterparts at the FDA and, and CDC know that they're, you know, remain some challenges with provider education and that providers can continue to need that kind of information about the importance of prescribing the oral antivirals. Well, we've certainly heard that concern to that you've voiced today. And I'll make sure to pass that on to the - to those folks as well, our partners in the department. Thank you for raising both of those.

(Chrissy Farr): Okay. Thank you. And if you'd send out any information, if it - if it's something that could be shared with those of us in the skilled nursing and nursing home sector, that would be very helpful, so we'll have source documents to use with our hospital partners as well as our providers that would be prescribing the medications. Thank you.

Will Harris: Thank you.

Coordinator: And our next question comes from (Kevin McElroy). Your line is open.

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(Kevin McElroy): Hi. Thank you for the call for this opportunity to ask a question. And I'm going to try my best not to make it sound like a rant.

But I guess my concern is, I'm hearing a lot about how CMS is just going to put heavier focus on nursing homes to get our COVID rates up and resident boosters, this and that. But the reality is at least from my building, the last four outbreaks that we have, have been caused by visitors. And I understand that we, we don't want to restrict visitation. I agree with that. But I just - I guess I can't understand the logic as to, you know, we can require our staff to get tested, we can require residents to get tested when there's outbreaks.

Why can't we require testing for visitors before they come in the building? You know, the reality is we can give our residents as many boosters as eligible, but they can still get COVID. That's not going to stop somebody from testing positive for COVID. The way to stop COVID is to stop it from coming in the building. And why can't we make testing a requirement of visitation? I hope that didn't sound too much like a rant. Thanks.

Will Harris: No, not at all and we appreciate that feedback. This is Will. Again, I don't, unlike Zoom, I can't see who else is on the call. So if any of my colleagues from QSOG or DNH want to speak to that, please speak up. But I - this is important feedback, and I'll make sure that they hear it.

Obviously, you know, what the balancing act that we have to perform there and certainly hear you on that concern is that also, you know, residents do have rights to see that the people who they want to visit. We saw the really

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negative effect that that isolation had during the pandemic and know that that having visitors is important.

But at the same time, Certainly hear you on that. And I'll make sure that the team gets that feedback, but I don't want to speak for any of my friends from QSOG might be on the line to, to help.

(Kevin McElroy): Thank you.

Will Harris: And it sounds like they may not be so go on ahead, and I'll assure you that I will take that concern to them. Thanks.

Coordinator: And our next question comes from (Therese). Your line is open.

(Therese): Hi, thank you. I think my question's already been answered. I also was looking for a timeframe for when we can expect the first draft of the REI manual. So, I think you said that in early second quarter of 2023. Is that correct?

Woman: Yes, that is correct.

(Therese): Thank you.

Coordinator: Our next question comes from (Dawn Miller). Your line is open.

(Dawn Miller): I have a question in reference to the iQIES, HARP. What is the go live date for the transmission of the MDS?

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Ellen Berry: We have not established that in stone yet. It will be early of 2023.

(Dawn Miller): Okay. Thank you so much.

Ellen Berry: You're welcome. Once we have it, we will definitely let people know.

(Dawn Miller): Perfect.

Coordinator: Our next question comes from (Fran Rainer). Your line is open

(Fran Rainer): Good afternoon, and thank you for taking my question. My question is two parts and similar to the prior ones surrounding the vaccination rate.

So I was curious if you guys have heard from the QIO, any information about resident vaccine fatigue. Many of our residents have already received up to four vaccines, including the first two series of the primary.

Then if they're immunocompromised an additional booster and an additional booster after that, even prior to the bivalent. Have you gotten any feedback on resident fatigue and those who just don't want to take any more vaccines at this point?

Anita Monteiro: Yes, this is Anita. Thank you so much for that question. And I definitely agree that that is a challenge that the QIOs are seeing and want to confirm to you that that is something we've heard from the QIOs across the board in terms of the challenges that they're facing.

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One way that they're working through that and can continue to work through that is to provide consultation on a case by case basis. Because when we started to look into the issue, it is a little more complex. Just depending I think on the health situation and the environment that the resident is in and some of the other factors that play into that.

So the QIOs have been able to work with nursing homes and sort of talk them through some of these concerns and answer some questions and at least get a dialogue started there to appease some of the concerns that might be to address some of the concerns that are there. But that is the concern that's been raised by them. And they are working through that. We'd appreciate any suggestions you might have or recommendations you might have for how best to address it as well.

(Fran Rainer): Yes. I was hoping to get something from you guys. We're almost tapped out with what we've been able to offer them to get them to want to continue...

Anita Monteiro: (Unintelligible).

((Crosstalk))

(Fran Rainer): ...to participate. The second part of my question -- thank you for that -- is similar to Ms. (Tracy)'s question earlier from the hospital. So the up to date status for the majority of our residents who are not up to date to her point, are coming from either the hospitals or the community. And it's still surprising to

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me that we get admissions who've had not even the primary series of the vaccine this far into the pandemic.

And so just realizing that, you know, if we're starting from scratch even from community so, I mean, even if you're - we're doing outreach to the hospitals, I think there needs to be more maybe in the communities with the departments of public health, reaching out to those older citizens in their communities to try to get the primary series started. Because it's going to take us several months to meet the up to date criteria if they're coming in without even the primary series. Just, a thought for a more community outreach, I guess. Thank you.

Anita Monteiro: Yes. And thank you for that as well. I really appreciate that. Just to sort of wrap up the first part of it the resident fatigue around vaccinations, I will take that back because I think what I heard is that you're looking for some resources to help you with that effort.

(Fran Rainer): Yes.

Anita Monteiro: So, we'll take that back and yes, and see what we can get to you. So we'll make sure we do that across the board. And if you want to send you a specific information to Colleen I want to make sure that it gets to you as well. Again, colleen.frey@cms.hhs.gov. colleen.frey@cms.hhs.gov.

As it relates to your second question, yes, part of the six week initiative with the QIOs is for them to work directly with the local health department and the association to - and pharmacy association and others to really coordinate

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outreach to the community because that is an important lever that needs to be activated or reactivated just in terms of, you know, getting folks vaccinated. So that's on our radar, and we're tracking that as well. Thank you.

(Fran Rainer): Thank you.

Coordinator: Next question comes from (Bridget Alexander). Your line is open.

(Bridget Alexander): Yes. I have a question. Thank you for the call. Here at our skilled nursing, we are part of the hospital and just kind a had a question about the rates. So, we report through the NHSN, our vaccination rates and our booster rates for our residents.

And we have a process on admission where we assess the vaccine and booster status. And if the patient - if the resident would like it, we have process in place to ensure that they get it. So we cover this 100% on every resident on admission. But sometimes the residents are telling us they don't want it, and it's documented.

We provide educational benefits, all of it, answer questions. Our pharmacy also provides education. So I just wanted to make sure when our numbers are low, but we can show, we have evidence-based interventions and practices in place to offer that we're not held, I guess in a negative way when our rates are low based on the residents refusing to have those vaccines and/or boosters. So just had a question to make sure that we were doing the right thing in that retrospect please.

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Anita Monteiro: Yes. Thank you for sharing that. Yes it, from what you just shared, it appears to me, and thank you again for that for really addressing this at the point of admission which I think is really, really important.

What I would like to do - and Colleen if you're still on the call, just want to check in with you, it would probably be helpful. if we can have the QIO reach out to our - you know, and sorry, I didn't catch your name, the person who asked the question, if you can reach out to us. I want to make sure that we can get the QIO working with you on, on some of the actions and what else we could do to help. And if there's, you know, if there is again, if there are best practices there, we may be able to pick that up and share that with other nursing homes as well. Colleen?

Colleen Frey: Hello. Thank you, Anita. This is Colleen. Yes. If you send me your contact information to me, I'll make sure that the QIO gets in touch with you. And we do understand that sometimes despite your best efforts you still may have issues with patients refusing.

And we always want to approach those from a positive and quality improvement type manner. So just so you know, that that's our focus for this. But we will Certainly share any additional best practices with you that may help you.

(Bridget Alexander): And my name is (Bridget Alexander). We do have a pharmacy on site. We have the vaccines and boosters available. We've done mobile clinics from the beginning, so we've exhausted all of the items that were listed. But just wanted to make sure that looking at that number, oh, you all are 40%, that is

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not a negative combination of what we're doing here at the facility. Thank you so much.

Colleen Frey: Thank you (Bridget). Can I ask what facility you're at so I make sure you get the information?

(Bridget Alexander): Yes ma'am, Baptist Memorial Hospital, Golden Triangle Skill Nursing Unit in Columbus, Mississippi.

Colleen Frey: Thank you so much for that and again, thank you for relating some of the issues that we're seeing, and we'll see if we can help you with that.

(Bridget Alexander): Thank you.

Coordinator: Next question comes from (Carla Bushon). Your line is open.

(Carla Bushon): Hi. My question has already been answered. Thank you.

Coordinator: Next question comes from (Stephanie Hitch). Your line is open.

(Stephanie Hitch): Hi, thank you. I was wondering about the nursing home compare on the [medicare.gov](https://www.medicare.gov) site. When we looked at our data from last month for our employees who are up to date, the number was around 39.6, I believe for being up to date with their COVID vaccines which would include the bivalent. Our complete series number is much, much higher than that. I believe it was closer to 85%.

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So when we ran the report from today, from yesterday, the update, it dropped to 10.5%. And so that is a big change. And I personally update all the information and send in the NHSN reports weekly. So, that is a something I was just wondering if anyone has noticed any strange variances in numbers. Because in a month's time to drop 20% in your numbers, that would be a lot of people to change. And if anything, we've added people who have had the bivalent booster since then. So, not a big shift in, you know, staffing numbers or anything like that. So, that was just very cause for concern for me to question that.

Anita Montero: Hey, Jill, I'm not sure anybody's on the call that can answer that because I believe we get the - we received the data from CDC.

(Stephanie Hitch): Okay, well I'll follow up on my end. I just was noticing that with the Care Compare was on the agenda. And then they mentioned of course that the change would be updated again in January and not in December. But I was just curious if there was any kind of Care Compare challenges noted with this must report in variation because that was a big change for us. So I'll reach out to some people in my state so...

Coordinator: And our next question comes from Dr. (Kathy Down). Your line is open.

Dr. (Kathy Down): Thank you, and thank you for taking my call and my question in learning that there's going to be changes in the CMS MDS assessments in 2023 I'm wondering if there will be any changes in the MDS hearing assessment or vision assessment which currently are subjective observations of somebody

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having a hearing or vision problem which is not a valid objective way of assessing.

I know we talked about this in 2020 with a team of CMS people including (Gift Tee) and John Kane, and they were going to look at this. So, I'm wondering if any of these changes will come out in the 2023 MDS assessments?

Heidi Magladry: Hi, this is Heidi with the SNF QRP. There are no changes planned to those assessment items in the October 1, 2023 release.

Woman: There's also...

((Crosstalk))

Anita Montero: I'll add that the changes that are coming are based on the Impact Act that we were supposed to implement prior to - well at - during the PHE, but we delayed until 2023.

Dr. (Kathy Down): Okay. Is anyone still looking at this issue because when I went back and looked at some changes that were published in October about coverage of services hearing was missing out of many of those changes for services or in references to mental disorders. Because if somebody is not diagnosed with a hearing problem which is invisible, they could be seen as having a mental disorder or a cognitive problem.

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The RAI Section B direct staff to consult the resident's family, direct care staff, activities, personnel, and speech, or hearing specialists. But unfortunately hearing specialists aren't in all the facilities and speech therapists are not following their professional guidelines to screen hearing before they do cognitive evaluations which presents a problem because then everyone ends up with a cognitive issue since they can't hear well. Ninety percent of people in facilities have a hearing problem.

Woman: Thank you for your input.

Dr. (Kathy Down): You're welcome.

Coordinator: And our next.

Dr. (Kathy Down): Oh, sorry.

Coordinator: And our next question comes from (Cindy Kate). Your line is open.

(Cindy Kate): Hi. Thank you for taking my question today. And I also wanted to say thank you for the new IT system. It's a much-needed update for long-term care.

My question is, are we going to be seeing changes soon for EPOC? Do you guys have a timeline to, to put that over in the new IT system and just any information you may have about that?

Ellen Berry: This is Ellen Berry. We - I am - I'm on the patient assessment side when it comes to iQIES, so I am not well versed on the survey and (CERT) side. So the EPOC is what you're mentioning. Yes, it will come over into iQIES.

I do not have a timeline. I'm not even sure we - how far out our timeline goes. So, you know we implement the legislation requirements that need to be implemented first. And so when we have that available for the public we will definitely share it with you when we have a better idea of the timeline. So, I will share that with my colleagues on the survey and (CERT) side of the house for iQIES.

(Cindy Kate): And thank you so much, glad to hear it. We'll eventually come over. Thanks so much.

Ellen Berry: Thanks (unintelligible).

Coordinator: And speakers at this time we have no additional questions in queue.

Jill Darling: Well thank you everyone for joining us today, really great questions and comments. And if you were not able to get your question in, or you thought of something after the call, you may email the SNF LTC ODF email. It is located on the agenda, but it's snf_ltcodf-l@cms.hhs.gov. snf_otcodf-l@cms.hhs.gov.

And this concludes today's call. Thank you everyone for joining and have a wonderful holiday, and we'll speak with you next year.

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Coordinator: That concludes today's conference. Thank you all for participating. You may now disconnect and have an amazing day.

END

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