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MEMORANDUM

Date: June 2002
To: Clients
Re: **Updates**



CLIA WAIVERS – Proposed Surveys

The following excerpt is from May 7, 2002, SNFinfo Connection. SNFinfo Connection is a FREE e-mail newsletter summarizing the regulatory and resident care news that will help you keep current on the long-term care industry. You may subscribe to the newsletter at snf_connection@list.hcpro.com.

Skilled nursing facilities (SNFs) performing simple lab tests may soon be surveyed—but the focus will be on better performance and there will be no fines or other sanctions assessed, announced the Centers for Medicare & Medicaid Services (CMS). SNFs and other providers that perform the tests are exempt from many of the federal regulations that apply to labs doing more complex testing, according to CMS. SNFs do have to obtain a Clinical Laboratory Improvement Amendments of 1988 (CLIA) waiver in order to perform the tests. The agency will survey randomly selected labs each year, but providers will be notified in advance of the visits. CMS reviews show that the quality of tests may be lagging for any number of reasons, such as failure to store testing kits properly or use after the expiration date. Go to CMS' Web site at <http://www.cms.hhs.gov/clia> to get more information on performing lab tests with CLIA waivers.

Quality Measures – a new system for CMS to critique quality & inform the public of your performance

CMS has developed yet another system of critiquing quality of care in nursing homes. It is anticipated that Quality Measure Reports will become effective nationally in October 2002. Quality Measure Reports, while containing some of the same information that you are currently receiving from your Quality Indicator reports, will provide “quality data” taken from analysis of MDS information. There will be one set of unique Quality Measures for post acute stays [pain, improvement in walking, delirium] and in most cases another set for chronic/long term care residents [pain, restraints, infection, weight loss, pressure ulcers, physical restraints, and late loss ADLs]. Formulas for each of these areas are still being revised by CMS. *It is the intent of CMS that information from the Quality Measure Reports is reported publicly [i.e. in newspapers, on-line, etc.] on a regular and periodic basis.* I will be attending a 2-day training session the end of July and will be prepared to offer detailed training and assistance to your staff on the Quality Measures, including practical applications to address the Quality Measures areas, in August and September.

MDS Changes – Effective July 2002

On 5/16/02, CMS published 105 *new* questions/answers to the MDS. Most of the Q&As are clarifications, but there are several **policy changes** that will be effective July 1, 2002. A copy of the Q&As can be found on the CMS website or you may contact me. Some of the new policy changes include:

- A/3 --Discharge prior to assessment reference date
- B/2/a -- Coding for Short Term Memory [*this variable is used in your RUGs calculations*]
- G/1/g -- Dressing and use of street clothes
- K/1 – Swallowing and chewing difficulties
- M/4 – Lacerations
- P/4 – Supervision of restorative nursing services [*RNA services are used in RUGs calculations*]

There are several clarifications that may impact your current coding strategy, including coding for IV medications and use of ventilators when used solely in conjunction with surgical procedures [Section P/1/a] and which are used in RUGs calculations.



Facilitating Quality Healthcare Thru Care and Compliance

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