

CHCA Update CMDA Meeting

October 4th, 2022

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September 23rd updates

CMS & CDC COVID Guidance Changes

What happened?

On 9/23/2022, CDC released an update to their Interim *Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic guidance*.

CMS followed suit on the same day with *updated QSO Memos regarding testing and visitation*.

CDPHE told us to wait for their update to the RCF Mitigation Guidance.

When will
the State
make
changes?

CDPHE has submitted a draft revision of the RCF Mitigation Guidance for approval.

They may have to wait for the Governor to update the PHO if there are any conflicts.

CDPHE has promised a LTC facility information virtual meeting to outline the changes as soon as it's ready for release.

Extended
“up-to-
date”
exception

Until the CDPHE RCF Mitigation Guidance is updated, residents and staff will be considered “*up to date*” if they have *completed*:

- A primary COVID-19 series and are not yet eligible for a booster dose.
- Their primary COVID-19 series and ALL booster doses (as recommended for them by CDC as of August 31, 2022) or any booster dose in the last two months.

Residents and staff will continue to be considered “not up to date” if they have *not*:

- Completed a primary COVID-19 series.
- Received all booster doses recommended for them by CDC as of August 31, 2022.

Everyone will be considered “up to date” immediately upon receiving the new omicron (bivalent) dose, regardless of a prior booster vaccination.

A stack of rolled-up newspapers is shown in a close-up, slightly blurred perspective. The papers are white with some colorful elements visible on the edges. One newspaper in the foreground has the word 'FRIDAY' printed in large, bold, black letters. The text 'In other news...' is overlaid in the center of the image in a white, serif font, with a thin white horizontal line underneath it.

In other news...

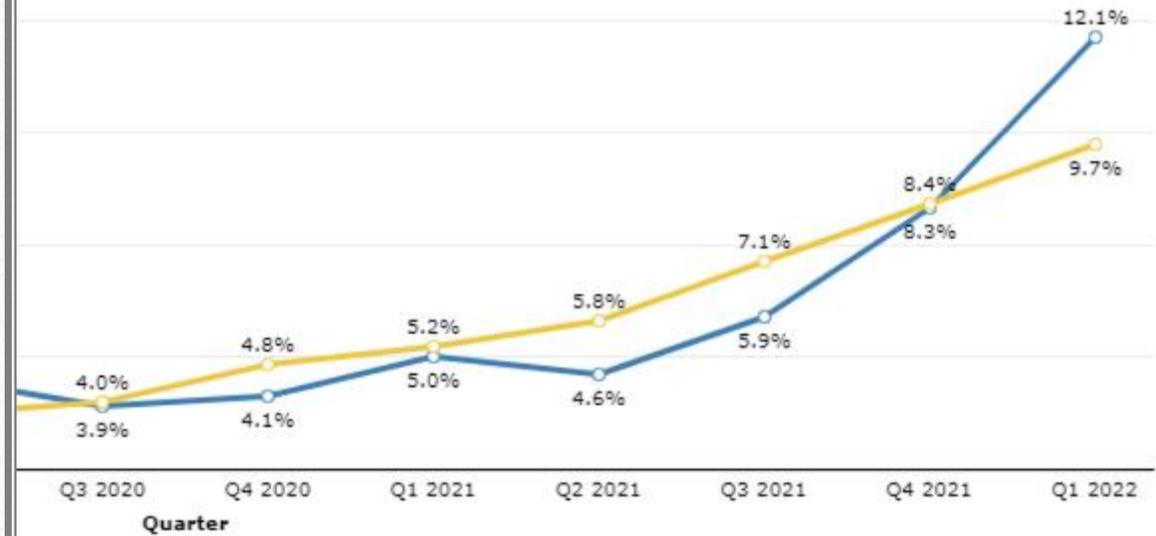
ICD Coding Changes

- Key ICD-10 changes for Fiscal 2023 include 28 revised codes and 251 deletions
- There are updates in many categories of diagnoses, but dementia saw an explosion.
- Facilities should:
 - Obtain ICD-10-CM training for staff;
 - Discuss the need for accurate and specific diagnoses with the medical director;
 - Tell physicians to expect queries related to diagnoses;
 - Partner with their medical directors to speak to hospitalists about consequences of “resolving” diagnoses on discharge that are still active diagnoses for the residents.

Agency usage is climbing

Five-Star PBJ Staffing - Total Nursing Percent Agency Use - 1 - Quarter View

Entire Nation; No peer type restriction; Centers from My Org are not included in peer group (15072 Currently Active Buildings).

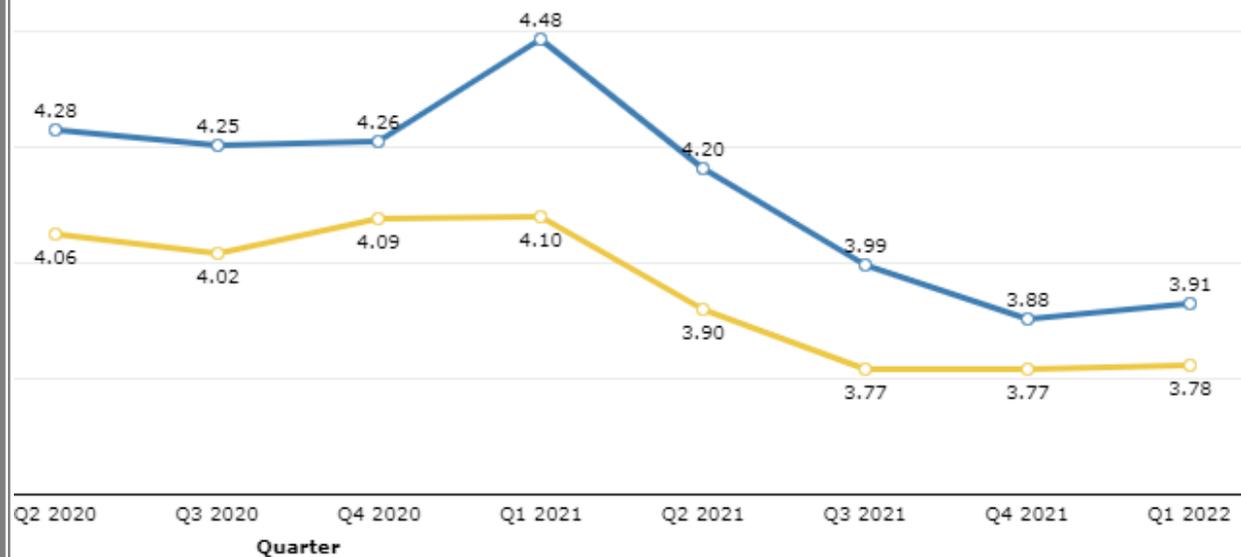


CAL Long Term Care Trend Tracker(SM)

Centers/Communities Peer Comparison

Summary - Five-Star PBJ Staffing - Total Nursing Adjusted HPRD - 1 - Quarter View

Peers in Entire Nation; No peer type restriction; Centers from My Org are not included in peer group (15072 Currently Active Buildings).



AHCA/NCAL Long Term Care Trend Tracker(SM)

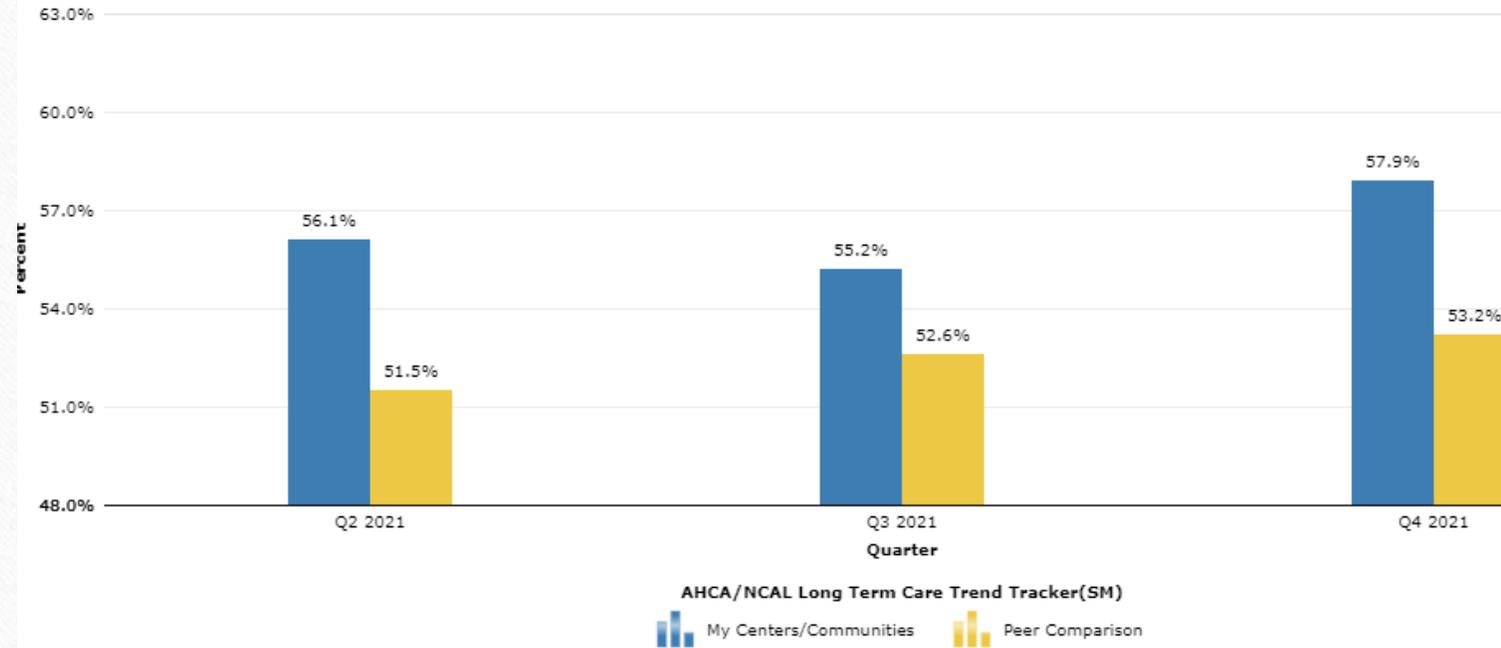
My Centers/Communities Peer Comparison

Hours per patient per day

- It's improving

SNF Staffing Measures Report: Report Summary - Five-Star PBJ Staffing - Total Nursing Turnover Rate - 4 - 6

My Buildings: SNFs (222 Currently Active Buildings). Peers: Peers in Entire Nation; No peer type restriction; Centers from My Org are not included in peer comparison. (222 Currently Active Buildings).



Turnover is still high

Who's still not rejoining the workforce?

Covid's death toll: more than a million people, about 260,000 of them short of retirement age.

Sharp slowdown in legal immigration has pared the potential work force by 3.2 million, relative to its trajectory before 2017.

People at retirement age, who had been staying in the work force longer as longevity increased before the pandemic, dropped out at disproportionate rates and haven't returned.

In households where both partners lack college diplomas, **women** still tend to be the ones who drop out to supplement unreliable child care

Expect CMS staffing study results in spring 2023

50 initial site visits – CO is included in the 15 states being visited

25 follow-up validation site visits to affirm/question initial findings

On-site interviews, survey data, qualitative contextual info

Some site visits will look at time it takes to complete care tasks

Literature review will cover: correlation between staffing levels and quality outcomes

RN, LPN, C.N.A. hours per patient day will be the metric compared to QMs and survey outcomes, trends over time

Analyses will include acuity, case-mix, and selected facility characteristics

Cost analysis will include: extra costs to increase staffing, Medicare cost reports, payer mix

What's going to happen?

- Projected outcome = required 4.1+ hours per patient, per day requirement for direct care (RN, LPN, C.N.A.)
- Colorado average staffing is 3.91
- Currently we need approx. 5,000 additional caregivers to stop using agency and take admissions as we normally would

Starting now, students who enroll in one of the included healthcare certificate programs will take their courses for free. The funding covers:

- tuition
- fees
- course materials

Find a program near you by going to their website [Care Forward Colorado](#) and look for participating colleges.

CHCA has also added a [“hover-over” map](#) for members to look for programs within their county. All of the participating programs are included in the map, as well as other DORA-approved CNA training programs.

Colorado will
pay for
Community
and Technical
College C.N.A.
courses – all
over the state!