Nursing Home Stakeholder Workgroup
Points of Clarification
August 6, 2012 (Updated)

PLEASE NOTE: This is a working document and will be updated accordingly. This information will hopefully clarify some of the challenges as well as any misperceptions that exist for the industry and the department.

IT/Technology:

1. Why is BHS not tapping into the $47 million that was appropriated to DTMB for agencies and bureaus to use for technology upgrades?

   ANSWER:
   - $38 million of the $47 million will most likely be used for the implementation of the new accounting rules and there is a possibility that the remaining funds may end up going toward DTMB projects.
   - If DTMB does not use the remaining $9 million, then any agencies that are able to tap into this are the ones DTMB considers high priority such as agencies and bureaus still on the old COBALT system.
   - DTMB has prioritized the projects based upon the Gartner Report that was done in regards to the IT infrastructure of the State. While the department would absolutely like to secure the appropriated funds for technology upgrades and/or software development for BHS, unfortunately it is not on the priority list to be considered to use this recent funding by the legislature.

2. Perception that BHS is resistant to implementing or using technologies that would provide greater efficiencies for both the bureau and the industry.

   ANSWER:
   - BHS does not have existing software that would allow for increased efficiency and implementation of electronic records system that is similar to what the nursing home industry uses. The cost for developing software to manage the nursing home survey process is estimated at $3 million plus.
   - When BHS was with DCH, the bureau was left in the dinosaur stage in terms of technology. The surveyors and staff still use pagers. LARA is working with the bureau to secure cell phones for appropriate staff and managers.
   - There are nursing homes that still only fax and/or mail their reports to BHS.
   - To help improve the process, BHS is looking into requiring all reports being filed electronically and no longer accepting paper documents.

- Implementations of new software or IT upgrades are charged back to BHS by DTMB. There is a cost associated for doing these activities and BHS/LARA are having discussions with DTMB to determine the following:
  - What programs currently exist that would allow us to interface with the federal database program (ASPEN) to generate the data we need?
  - Are there software programs that DTMB currently is using in other agencies and departments that BHS may be able to apply for its use?

Survey Process & Timely Re-Visits:

1. BHS does not meet current law for standards and requirements in handling the survey and re-visit process.

   ANSWER:

   - This process is dictated by CMS, federal guidelines and regulations.

   - Background:
     - 428 Nursing homes in Michigan certified as Medicaid and Medicare eligible
     - 12 Private nursing homes not certified as Medicaid and Medicare facilities
     - 440 Total licensed facilities in Michigan

   - Surveys, including re-visits must be done unannounced and done on a staggered schedule, meaning the bureau cannot schedule surveys all on the same day for each of the nursing homes.

   - Private facilities are surveyed every two years unannounced, complaint re-visits would be also done unannounced.

   - Survey Cycle (CMS, federal regulations):
     - Standard (annual) survey needs to be completed on average every 12 months; typical cycle is every 9 to 15 months.
     - Cycle begins due to non-compliance at a standard (annual) survey or a complaint is filed by a consumer or when a nursing home self-reports the complaint (required by law) to the state, triggering survey process to start.
     - 70 days, state is required to conduct 1st re-visit and enforcement report is entered in federal database program.
     - 90 days is maximum allowed for a nursing home to not implement its Plan of Correction (POC), once this occurs then CMS places a mandatory Denial of Payment for New Admissions (DPNA) for Medicaid/Medicare reimbursement of eligible patients.

- 180 days is the maximum allowed for a nursing home to not be in compliance and implement its POC, once this occurs the facility is terminated from being Medicare and/or Medicaid certified.
- Exit Survey: When non-compliance is found, the surveyor has 10 business days to provide a report to the provider that includes the citations. The provider then has 10 calendar days to provide the surveyor with its POC.
- POC must include the latest date of completion when everything will be corrected. Nursing homes may be issued more than one citation and the POC needs to include a date of correction for each citation as well as a date of when the nursing home estimates that it will be fully compliant with every item.
- Complaint Survey (First re-visit): Must occur within 70 days of the original complaint and/or citation.
- Surveyor cannot go in for the re-visit or complaint survey until the nursing homes notifies the state that it is ready and has fully implemented its POC.
- Once the nursing home has implemented its POC, then the state has 10 days to complete its re-visit and report to CMS on the results.
- NOTE: 60 days is the state imposed deadline for the complaint re-visit to occur. On average it takes 45-55 days depending on the level of the citation/complaint for the survey process to be completed, this includes the time it takes for the nursing home to implement its POC and for the re-visit to occur.

- Under federal law, second re-visits are not guaranteed.
  - States are allowed to do up to 2 re-visits but this at state discretion.
  - States must seek federal approval to do 3 or more re-visits.

- BHS tries to work with the nursing homes to give them the time within the federal law to fully implement their POC.
  - Surveys are coordinated to the extent where it makes sense and to for efficiency.
  - However, if a file is open and a nursing home is in the process of implementing its POC and during this time, a consumer complaint is filed against the nursing home or the nursing home notifies BHS that they are in non-compliance on another matter, then BHS will try and combine the re-visit or complaint survey once the new citation is corrected along with the previous citations.
  - The industry wants the state to look at completing the one open survey and when a new complaint is opened while the facility is implementing its POC then they still want the complaint survey, re-visit to be handled or not delayed because there is a new complaint that now has to go through the survey process.
  - If CMS believes that BHS is not following the survey process regulations then the state would be in jeopardy of losing federal funding.