Connecting the Dots: The Facility Assessment, the Staffing Quality Measures, and Your Staffing Pattern

ACHCA Annual Convocation & Expo

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Objectives for Today

- Understand the Updated Requirements for the Facility Assessment Pertaining to Staffing

- Interpret the PBJ Impact on the Staffing Quality Measure on Care Compare

- Identify How to Connect the Dots Between the Two

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Facility Assessment Updated Requirements

Regulatory Overview – Key CMS Regulations Impacting Staffing

- Overview of 42 CFR §483.70(e)

- Importance of compliance with CMS staffing standards

- Potential penalties for non-compliance

- How CMS regulations influence Care Compare ratings

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Regulatory Basis

May 10,2024   CMS published regulations under §483.71, Facility Assessment, as part of the "Medicare and Medicaid Programs; Minimum Staffing Standards for Long-Term Care (LTC) Facilities and Medicaid Institutional Payment Transparency Reporting" final rule.

June 18,2024   QSO-24-13-NH (https://www.cms.gov/files/document/qso-24-13-nh.pdf) was issued by CMS with guidance, investigative procedures, and examples of deficient practices included in the memo.

August 8,2024   Provisions become effective and must be implemented.

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CMS Facility Assessment Requirements

- Required by 42 CFR §483.70(e)

- Assesses resident population needs

- Determines staff competencies & training

- Reviews facility resources, including workforce

- Updated at least annually or as needed

- Aligns staffing models with resident acuity and care demands

- Establishes risk mitigation strategies for staffing shortages

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What's Changed?

- The intent of the facility assessment is for the facility to evaluate its resident population and identify the resources needed to provide the necessary care and services the residents require during both day-to-day operations (including nights and weekends) and emergencies.

- The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations (including nights and weekends) and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.

- The facility assessment will enable each nursing home to thoroughly assess the needs of its resident population and the required resources to provide the care and services the residents need using evidence-based, data-driven methods. It should serve as a record for staff and management to understand the reasoning for decisions made regarding staffing and other resources and may include the operating budget necessary to carry out facility functions.

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What's Changed?

The facility must review and update this assessment as necessary, and at least annually or whenever there is, or the facility plans for, any change that would require a modification to any part of this assessment. For example, if the facility decides to admit residents with care needs who were previously not admitted, such as residents on ventilators or dialysis, the facility assessment must be reviewed and updated to address how the facility staff, resources, physical environment, etc., meet the needs of those residents and any areas requiring attention, such as any training or supplies required to provide care.

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What's New?

- § 483.71(b) In conducting the facility assessment, the facility must ensure:
- § 483.71(b)(1) Active involvement of the following participants in the process:

    (i) Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and

    (ii) Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff, if applicable.

    (iii) The facility must also solicit and consider input received from residents, resident representatives, and family members.

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Resources - Staff

§483.71(c) The facility must use this facility assessment to:

§483.71(c)(1) Inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care as required in § 483.35(a)(3).

§483.71(c)(2) Consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population.

§483.71(c)(3) Consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to its resident population.

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Recruitment and Retention Plan

§483.71(c)(4) Develop and maintain a plan to maximize recruitment and retention of direct care staff.

Examples of possible approaches:

1. Recruitment and Retention committee – include summaries of your efforts and/or outcomes of the committee's targeted actions.

2. Data that drives your activities, such as staff satisfaction surveys, turnover/vacancy rates of specific positions, dollars expended on shift bonuses, differential, sign-on bonuses, etc.

3. Culture assessment

Workforce Retention Strategies – Reducing Staff Turnover to Improve Ratings

- Causes of high staff turnover

- Strategies for employee engagement and retention

- Role of leadership in workforce stability

- Incentives and career development opportunities

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The CMS Care Compare Staffing Domain Quality Measures

Care Compare Staffing Quality Measures – What are They?

- Nursing staff hours per resident per day (RN, LPN, CNA)

- Registered nurse (RN) staffing hours per resident per day

- Staff turnover rates (RN, total nursing staff, administrator)

- Weekend staffing levels

- Payroll-Based Journal (PBJ) data submission

- Correlation between staffing and resident health outcomes

- Impact of staffing fluctuations on quality scores

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Background

- Staffing QMs generate points used to assign star ratings on Care Compare.
- Staffing QMs are taken from data submitted through Payroll-Based Journal portal.
- Originally, no staffing data submitted = excluded from staffing rating calculation. Result = no impact to score.
- As of April 2024, failure to submit staffing data or submission of erroneous data will result in provider receiving lowest possible score for turnover measures.
- Staffing measures frozen in April until July to enable transition from RUGS IV to PDPM methodology.

Staffing Domain Measures

- July 31, 2024, QMs were unfrozen and began being reported again on Care Compare

- Thresholds were maintained to keep the same distribution of points for the measures; however, some centers may have shown changes due to:

  - Updated case-mix adjustment methodology

  - Changes in the number of staffing hours reported by centers from one quarter to the next: and/or

  - Updates to the staffing turnover methodology

Staff Turnover Measures

- Percentage of nursing staff that left the nursing home over a twelve-month period
- Percentage of RN's that left the nursing home over a twelve-month period
- The number of administrators that left the nursing home over a twelve-month period

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Rating System

- Staffing domain rating is based on the six separate measures (nurse staffing and staff turnover). Points are assigned based on performance on each measure, and the total staffing score is used to assign a rating of one to five stars.

- Rating Methodology

- Exclusions

- Scoring Exceptions

Rating System

- **Case-mix adjusted total nurse staffing** and **Case-mix adjusted RN staffing** - maximum of 100 points is assigned..

- **Case-mix adjusted total nurse staffing on the weekends**, a maximum of 50 points is assigned.

- **Total nurse turnover** and **RN turnover**, a maximum of 50 points is assigned.

- **Administrator turnover**, a maximum of 30 points is assigned.

- No departures during the measurement period receive 30 points; nursing homes with one administrator departure receive 25 points; and nursing homes with two or more administrator departures during the annual measurement period receive 10 points.

Point Ranges for the Staffing Rating (maximum possible score = 380 points)

1 star	2 stars	3 stars	4 stars	5 stars
< 155	155 - 204	205 - 254	255 - 319	320 - 380

Connecting the Dots
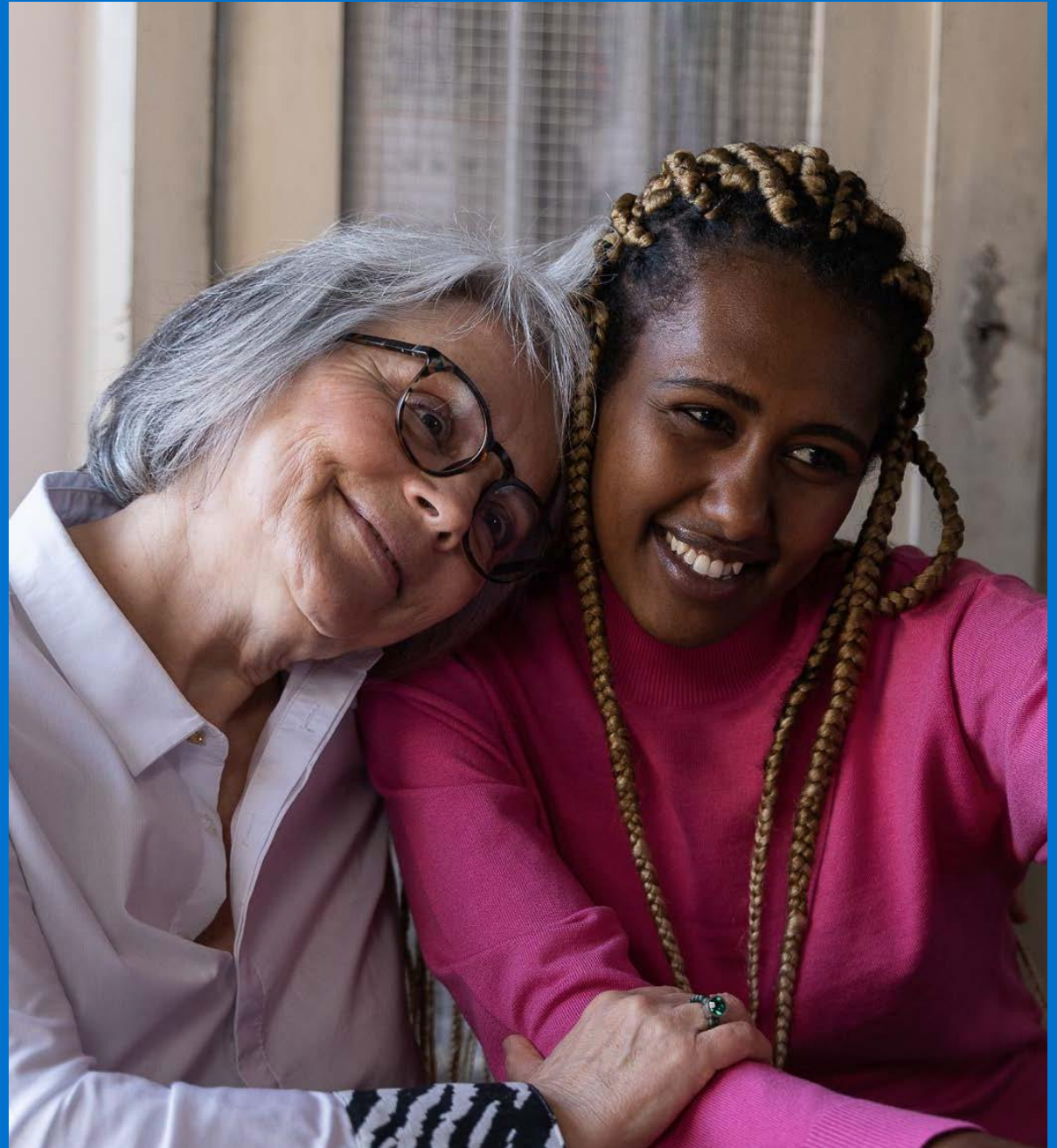
Correlating Facility Assessment Staffing Requirements with Staffing Measures

- Data-Driven Approach
- Transparency and Accountability
- Quality of Care

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Data-Driven Approach

- Both the updated facility assessment and the Care Compare staffing measures emphasize the use of data-driven methods to determine staffing needs. This ensures that staffing levels are based on actual resident needs and evidence-based practice

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Transparency and Accountability

- The inclusion of staff turnover and weekend staffing measures in Care Compare aligns with the updated facility assessment's focus on comprehensive and transparent staffing evaluations

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Quality of Care

- Both sets of updates aim to improve the quality of care in nursing facilities by ensuring adequate staffing levels. The minimum staffing standards in the facility assessment are reflected in the detailed staffing measures reported on Care Compare

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Compliance and Best Practices

- Conducting Regular and Appropriate Facility Assessments
- Utilize Data Analytics to Predict Workforce Needs
- Foster a Culture of Continuous Improvement

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Questions?

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