



FOCUS POINT NEWSLETTER
FOCUS POINT July 2, 2020



The **CMS QSO 20-31** which was published on 6/1/2020 outlined new enforcement guidelines for nursing facilities cited with deficiency at F-880 Infection Control. Virginia is seeing an increase in deficiency citations at F-880 as a result of the COVID-19 Focus Surveys. The new enforcement guidelines not only look at the scope/severity of the citation with a current survey, but also looks at survey history for the past 2 years with respect for F-880 citations. As a part of the new guidelines, some facilities may be asked to develop a POC [Plan of Correction] **plus** complete an additional DPoC [Directed Plan of Correction] which may include specific guidance for actions that the facility must complete and may require that the facility develop a RCA [Root Cause Analysis] of the deficiency[s].

STAY TUNED - CHC will provide additional information as soon as we have a better understanding from OLC regarding deficiency citations and expectations for a DPoC.

Non-compliance for an Infection Control deficiency **when none have been cited in the last year (or on the last standard survey):**

- Nursing homes cited for current non-compliance that is not widespread **(Level D & E) - Directed Plan of Correction**
- Nursing homes cited for current non-compliance with infection control requirements that is widespread **(Level F) - Directed Plan of Correction, Discretionary Denial of Payment for New Admissions with 45-days to demonstrate compliance with Infection Control deficiencies.**

Non-compliance for Infection Control Deficiencies **cited once in the last year (or last standard survey):**

- Nursing Homes cited for current non-compliance with infection control requirements that is not widespread **(Level D & E) -Directed Plan of Correction, Discretionary Denial of Payment for New Admissions with 45-days to demonstrate compliance with Infection Control deficiencies, Per Instance Civil Monetary Penalty (CMP) up to \$5000 (at State/CMS discretion)**
- Nursing Homes cited for current non-compliance with infection control requirements that is widespread **(Level F) -Directed Plan of Correction, Discretionary Denial of Payment for New Admissions with 45-days to demonstrate compliance with Infection Control deficiencies, \$10,000 Per Instance CMP**

Non-compliance that has been cited for Infection Control Deficiencies **twice or more in the last two years (or twice since second to last standard survey)**

- Nursing homes cited for current non-compliance with Infection Control requirements that is not widespread **(Level D & E) -Directed Plan of Correction, Discretionary Denial of Payment for New Admissions, 30-days to demonstrate compliance with Infection Control deficiencies, \$15,000 Per Instance CMP (or per day CMP may be imposed, as long as the total amount exceeds \$15,000)**
- Nursing homes cited for current non-compliance with Infection Control requirements that is widespread **(Level F) -Directed Plan of Correction, Discretionary Denial of Payment for New Admissions, 30-days to demonstrate compliance with Infection Control deficiencies, \$20,000 Per Instance CMP (or per day CMP may be imposed, as long as the total amount exceeds \$20,000)**

Nursing Homes cited for **current non-compliance** with Infection Control Deficiencies at the **Harm Level (Level G, H, I), regardless of past history -Directed Plan of Correction, Discretionary Denial of Payment for New Admissions with 30 days to demonstrate compliance with Infection Control deficiencies.** Enforcement imposed by CMS Location per current policy, **but CMP imposed at highest amount option within the appropriate (non-Immediate Jeopardy) range in the CMP analytic tool.**

Nursing Homes cited for **current non-compliance** with Infection Control Deficiencies at the **Immediate Jeopardy Level (Level J, K, L) regardless of past history** -In addition to the mandatory remedies of Temporary Manager or Termination, **imposition of Directed Plan of Correction, Discretionary Denial of Payment for New Admissions, 15-days to demonstrate compliance with Infection Control deficiencies.** **Enforcement imposed by CMS Location per current policy, but CMP imposed at highest amount option within the appropriate (IJ) range in the CMP analytic tool.**



Point Prevalence Survey

VDH has partnered with the Virginia National Guard (VANG) to conduct one baseline facility-wide testing event per facility, also called Point Prevalence Surveys (PPS), at no charge to the facility, staff, or residents. However, **all such testing must be scheduled with the VANG no later than July 6, 2020**. **To request such testing, please contact Lt. Col. Gregory Chew at gregory.chew@us.af.mil**. PPS results can be used to inform various infection prevention decisions such as resident placement and cohorting, transmission-based precautions, and work exclusions for staff. For information on baseline testing and how it relates to the VDH Nursing Home Guidance for Phased Reopening, please visit the [VDH](#). Your local health department can support you in implementing such measures and serve as a resource for your facility.



Yesterday CMS updated [MLN Matters SE20011](#) with revised guidance on how to bill a benefit period waiver claim. The revision is on page 12. In red below is what changed:

Billing Instructions

To bill for the benefit period waiver:

Submit a final discharge claim with patient status 01

Readmit the beneficiary the following day (Day 101) to start the benefit waiver period.



*“America was not built on fear. America was built on courage, on imagination and an unbeatable determination to do the job at hand.”
President Harry S. Truman*