

Questions & Answers
Nursing Facility/Skilled Nursing Facility/ICF-IID Provider Call

Wednesday, February 15th, 2022

1:00 PM – 2:00 PM

Disclaimer: Information and responses to questions provided during the Provider Calls are turned around quickly and may occasionally reference regulatory language from different regulatory sets. It is our goal to provide the most accurate information. Therefore, the Q&As are thoroughly researched following each call to ensure complete and accurate information is provided in written responses based on the correct regulatory sets and/or CDC guidance. Please contact LTC for any questions.

Links provided in the Q&A chat box or in Q&A can be located at the end of this document.

1. Q: Can you let us know what the requirements are for the mandate to transmit patient data to the State HIE (MyHealth Access Network)?

A: OKSHINE (Oklahoma State Health Information Network and Exchange) is managed through OHCA (Oklahoma Health Care Authority). You may find contact information and submit questions on the OKSHINE webpage on the OHCA website at [OKSHINE Overview \(oklahoma.gov\)](#).

2. Q: Is it still a requirement that facilities who accept Medicare/Medicaid payments only hire staff who are fully vaccinated or have a medical/religious exemption? And if so, will that requirement go away when the PHE expires?

A: [QSO-23-02-ALL \(cms.gov\)](#), dated 10/26/22, reads in part, "CMS expects all providers' and suppliers' staff to have received the appropriate number of doses of the primary vaccine series unless exempted as required by law, or delayed as recommended by CDC. **Facility staff vaccination rates under 100% constitute noncompliance under the rule...**" It does not say your staff have to be fully vaccinated when you hire them, but what are your policies and procedures to get them vaccinated. We have no knowledge this requirement will change once the PHE (public health emergency) expires.

3. Q: When can our residents go back to regular dining and not 6 feet apart?

A: Dining without social distancing is allowed. [QSO-20-39-NH REVISED 09/23/2022 \(cms.gov\)](#) removed social distancing from the Core Principles of COVID-19 Infection Prevention. It only mentions physical distancing twice. It reads in parts under Indoor Visitation, "During peak times of visitation and large gatherings (e.g., parties, events) facilities should encourage physical distancing..." and under Indoor Visitation during an Outbreak Investigation, "...visitors should physically distance themselves from other residents and staff, when possible..."

4. Q: Is schizoaffective an appropriate diagnosis for antipsychotics?

A: Schizoaffective disorder is a type of schizophrenia. The RAI places schizoaffective disorder within the schizophrenia diagnosis code. (See screenshot below)



I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)

There are several issues to consider with this question. When did the resident receive the diagnosis? Is this a new diagnosis related to the initiation of an antipsychotic? Was the resident diagnosed by an appropriately qualified practitioner using evidence-based criteria and professional standards? Was a comprehensive psychiatric evaluation performed?

[QSO-23-05-NH](#), released 01/18/23, discusses erroneous schizophrenia diagnosing by the physician.

Appendix PP provides the following guidance:

F641

§483.20(g) Accuracy of Assessments

“Note: CMS is aware of situations where practitioners have potentially misdiagnosed residents with a condition for which antipsychotics are an approved use (e.g., new diagnosis of schizophrenia) which would then exclude the resident from the long-stay antipsychotic quality measure. For these situations, determine if non-compliance exists for the facility’s completion of an accurate assessment. This practice may also require referrals by the facility and/or the survey team to State Medical Boards or Boards of Nursing...”

F658

§483.21(b)(3) Comprehensive Care Plans

“NOTE: CMS is aware of situations where practitioners have potentially misdiagnosed residents with a condition for which antipsychotics are an approved use (e.g., new diagnosis of schizophrenia) which would then exclude the resident from the long-stay antipsychotic quality measure. For these situations, determine if non-compliance exists related to the practitioner not adhering to professional standards of quality for assessing and diagnosing a resident. This practice may also require referrals by the facility and/or the survey team to State Medical Boards or Boards of Nursing...”

F740

§483.40 Behavioral health services.

“Schizophrenia is a serious mental disorder that may interfere with a person’s ability to think clearly, manage emotions, make decisions and relate to others. It is uncommon for schizophrenia to be diagnosed in a person younger than 12 or older than 40. Schizophrenia must be diagnosed by a qualified practitioner, using evidence-based criteria and professional standards, such as the Diagnostic and Statistical Manual of Mental Disorders - Fifth edition (DSM-5), and documented in the resident’s medical record...”

F758

§483.45(c)(3) and (e) Psychotropic Drugs

“Note: CMS is aware of situations where practitioners have potentially misdiagnosed residents with a condition for which antipsychotics are an approved use (e.g., new diagnosis of schizophrenia) which would then exclude the resident from the long-stay antipsychotic quality measure. For these situations, please refer to the following regulations:

- §483.21(b)(3)(i), F658, to determine if the practitioner’s diagnostic practices meet professional standards.
- §483.20(g), F641 to determine if the facility completed an assessment which accurately reflects the resident’s status...”

Links provided in the Q&A chat box or in Q&A:

CMS – Nursing Home Website - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>

CMS - QSEP Provider training sign-up: <https://qsep.cms.gov/ProvidersAndOthers/publictraining.aspx>

CMS – QSO-20-39-NH Rev. 09/23/22 - <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

CMS – QSO-23-02-ALL 10/26/22 - <https://www.cms.gov/files/document/qs0-23-02-all.pdf>

CMS - QSO-23-05-NH, released 01/18/23 - <https://www.cms.gov/files/document/qso-23-05-nh.pdf>

OHCA – OKSHINE - <https://oklahoma.gov/ohca/okshine/overview.html>

OSDH – LTC COVID-19 Resources webpage: <https://oklahoma.gov/health/services/licensing-inspections/long-term-care-service/ltc-covid-19-resources.html>

OSDH - QIES Help Desk: Phone: 405.426.8160 Email: MDShelp@health.ok.gov

OSDH - HAI@health.ok.gov Phone: 405.426.8710

OSDH – LTC Contact: Email: LTC@health.ok.gov Main Phone: 405.426.8200

OSDH - Respirator Fit Testing Train the Trainer Education-Grant Activity

Contact - Kerry Cudd: Phone: 405.808.9217 or Email: kerryc@health.ok.gov

Respirator Fit Testing Train the Trainer Grant Activity: Link to Learning Needs Assessment

<https://redcap.health.ok.gov/surveys/> and then you will be prompted to enter the following code:

D8M7X8MJ (code is not case sensitive).



OKLAHOMA
State Department
of Health

Or

Open your camera and point at the QR code and click on the link which will pop up on your screen in yellow. The link will take you directly to the assessment.



Telligen QI Connect:

<https://www.telligenqiconnect.com/>

Telligen Contacts:

Micki Reyman: mreyman@telligen.com Phone: 405.509.0720

Morgan Satterlee: msatterlee@telligen.com

Tamara Carter: tcarter@telligen.com

Telligen QI Connect:

Wake Up Wednesday: High-Risk Medication ECHO® Series

<https://www.telligenqiconnect.com/event/wake-up-wednesday-high-risk-medication-echo-series-2023-02-08-2023-02-22/>