President’s Budget Includes Funding for Nursing Home Reform Agenda

President Biden has released his fiscal year (FY) 2023 budget for the Department of Health and Human Services (HHS). Key highlights relevant to post-acute and long-term care include:

- $641 million in FY 2023 for the Centers for Medicare & Medicaid Services (CMS) contracts with Quality Improvement Organizations (QIOs). QIOs provide targeted, technical assistance to nursing homes experiencing COVID-19 outbreaks. To date, QIOs have trained staff in over 11,500 nursing homes on innovative infection control techniques.
- $200 million for nursing homes through the American Rescue Plan Act of 2021. This funding provides assistance to QIOs to increase resident and staff vaccination rates, mitigate outbreaks, and strengthen infection control systems.
- $494 million for survey and certification, an increase of $97 million from FY 2022. The budget notes the important role of survey and certification in meeting infection control standards and protecting public health during the COVID-19 pandemic. The budget will invest in improving care and oversight, and predicts that “states will have the resources to fully complete surveys for all provider types, including complaint surveys, statutorily required surveys, and non-statutory surveys.” The budget will also include “an overhaul of the special focus facility program to improve care more quickly for low-performing nursing homes.”

In addition to tackling quality and infection prevention, the administration will also continue its efforts to reduce the inappropriate use of antipsychotic medications. CMS has been called on to establish a minimum nursing home staffing requirement; reduce resident room crowding and make single-occupant rooms the default; strengthen the skilled nursing facility value-based purchasing program by linking payment to staffing adequacy, residents’ experiences, and how well facilities retain staff; slap stricter penalties on facilities that fail to comply with quality and staffing requirements; increase financial transparency for nursing homes, including around the role of private equity investors; and allow workers to unionize and get better training.

One new project in the proposed budget would build on the current requirement for all facilities to report their staffing data for posting on the Medicare website. The project would also stratify data to provide more detailed information on turnover, tenure, and staffing.


Society Urges CMS to Allow Split/Shared Visits Based on Time/Medical Decision-Making

AMDA – The Society for Post-Acute and Long-Term Care Medicine has joined the American Medical Association and other national specialty societies in urging CMS to propose an alternative policy in the calendar year 2023 Medicare Physician Payment Schedule proposed rule that allows physicians or qualified health-care professionals (QHPs) to bill split or shared visits based on time of medical decision-making. Current policy states that beginning in 2023 “only the physician or QHP who performs more than 50 percent of the time of the total visit can bill the split or shared visit.” The groups noted that this policy “would drastically disrupt team-based care and interfere with the way care is delivered in the facility setting.”

The letter stated: “We strongly urge CMS not to disrupt team-based care in the facility setting and to revise the split or shared visit policy to allow the physician or QHP who performs more than 50 percent of the time of the total visit can bill the split or shared visit.” The groups noted that this policy “would drastically disrupt team-based care and interfere with the way care is delivered in the facility setting.”

The letter stated: “We strongly urge CMS to allow split/shared visits based on time/medical decision-making.”

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