

Q: Do residents on EBP need to be reflected on in the transmission-based precautions section of the CMS-802 survey matrix [form](#)?

A: No, EBP is separate from [transmission-based precautions](#) and would not be included on the matrix at this time.

Q: Have State Medicaid agencies been provided with the corrected HIPPS codes?

A: Yes, CMS made changes awhile back to fix that issue by updating the grouper. States were sent the updated files and if they are still having issues they should reach out to their IT help desk. States should also make sure they are utilizing the most up to date [grouper](#).

Q: When will resident level and confidential feedback information be available for the upcoming SNF VBP long-stay hospitalization [measure](#)?

A: CMS is working on some updated reporting on the expanded measures for the VBP program and providers will be seeing news on this forthcoming.

Q: When do facilities need to assess residents to determine if they should be on EBP?

A: That should be on an ongoing basis so that anytime a resident has a change in condition that meets the criteria for EBP, then they would need to [implement](#) EBP.

Q: We were told by our State agency that if we are doing a [transfer outside of the resident room](#) then staff would not need to be in gown and gloves but if they are in the therapy gym they would, is that correct?

A: Yes, as of right now EBP is required in the resident room and therapy gym. This is based on these areas being identified as [high-contact](#) and often bundled with other care. Even if a transfer occurs in the room and is of a short duration, they still need to be in gown and gloves due to it occurring in the resident room. Evan Shulman with CMS further noted that CMS is merely embedding the CDC guidance into CMS guidance so for questions about [studies](#) and their recommendations, CMS encourages providers to reach out to CDC who are the owners of those studies and the recommendations.

Q: In the SNF PPS [rule](#) CMS is requesting for information (RFI) on the patient experience of care and patient satisfaction for the SNF QRP but that measure had been removed from previous rules. When does CMS plan to require satisfaction surveys?

A: CMS did propose the [CoreQ](#) in last year's rule and CMS did not finalize that proposal but remain very committed to the adoption of a patient experience of care patient satisfaction measure in the SNF QRP however there are some prolonged timelines that may be associated with CMS getting to a point where they're ready to propose something of that nature again and any future plans will be communicated through the rulemaking process.

Q: Could a CMP be imposed for a citation level of F or higher in substandard quality of care.

A: Yes CMPs will follow the current [criteria](#).

Q: Is there any guidance on the non-targeted MDRO's and EBP?

A: Yes, CDC has identified those as [epidemiologically](#) important MDROs and the [guidance](#) states those are at the discretion of the facility.

Q: Is there a grace period for implementing EBP?

A: No, that CDC [guidance](#) has been out for some time and there is nothing in the CMS guidance that allows for a grace period.

Q: Is EBP required when using things like a speaking valve or an HME to cover a trachea?

A: When providing care to a trachea which would be the removal or insertion of a device related to that trach, that is a time when EBP is required. EBP is recommended for the [care and use](#) with any kind of [indwelling medical device](#).

Q: Is the [orange](#) CDC EBP signs required on all doors?

A: CMS does not [require](#) the sign to be on the door however the facility must have an effective way of communicating to their staff which residents would require the use of EBP and what those EBP activities. So, the facility is training the staff in all the activities that require the use of EBP. If that is able to be accomplished by an alternate method that doesn't involve the orange CDC sign on the door, a facility has the discretion to do that.

Q: Does the storage of the PPE have to be on the outside of the room, or can it be stored inside the room?

A: Once PPE is taken into a resident room, it can not be taken out and used on a different resident. There is some discretion in the memo the CMS has provided that differs a bit from the CDC [recommendation](#) of keeping it immediately outside the door as long as the PPE is easily accessible to staff. So, yes, a facility has the discretion to store the PPE inside the room as long as they can accomplish this without contamination.

Q: Can a Personal Care Assistant (PCA) or Nursing Assistant (NA) care for someone on EBP since we have been told a PCA cannot provide care to someone in isolation?

A: There is no federal regulation prohibiting a PCA or NA from providing care to a resident on transmission-based precautions so that may be a state requirement.

Q: Does EBP need to be implemented for someone with an ostomy?

A: An Ostomy is defined as any type of surgically created opening of the gastrointestinal or genitourinary tract for discharge of body waste. It is not a surgical wound. The facility needs to determine if it is an ostomy created for an external collection device such as a colostomy, urostomy, or ileostomy that uses an external collection device. This would not meet the criteria for EBP. If that is not the case, then determine whether it involves an indwelling device such as a nephrostomy tube which then meets the criteria for EBP due to an indwelling device. Although an ostomy as explained above may not meet the criteria for EBP, gown and gloves should be worn as part of CDC's [guidance](#) for all healthcare settings independent of the prevalence of multidrug resistant organism (MDRO) infections or the population served which includes the use of gloves and gowns for the care of ostomy bags or tubes.

Q: Can a staff member reuse a reusable gown for the same resident who is on EBP?

A: No, CDC states that neither [extended use nor re-use](#) of gowns and gloves is recommended for mitigating shortages in the context of EBP. CDC does provide [prioritization strategies](#) for when gloves or gowns are not available.

CMS noted that additional questions can be submitted to the SNF_LTCODF-L@cms.hhs.gov

Mailbox. Individuals are able to listen and view the most recent Skilled Nursing Facilities (SNF)/Long Term Care (LTC) ODF call at <https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/PodcastAndTranscripts.html>