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2025 Regulatory Year in Review and Next Steps

January 12, 2026

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Today's Speaker

Tammy Cassidy RN, BSN, LNHA, RAC-MT, CEAL

Tammy Cassidy is a registered nurse with over 30 years of experience in long term care, including Director of Nursing, MDS Coordinator, Corporate Clinical Compliance, Corporate Risk Manager, Vice President of Clinical Quality and Reimbursement, as well as the founder of T. L. Cassidy & Associates, which provided consulting services since 2001. She is also a Licensed Nursing Home Administrator and former CMS DAVE2 reviewer, specializing in MDS accuracy. She has been certified in Gerontological Nursing, MDS, CEAL, and she is a Master Trainer for the AAPACN Resident Assessment Coordinator certification. Ms. Cassidy is a nationally recognized speaker, focusing on MDS, clinical quality, risk management, and regulatory best practices. She is proud to be serving the members of the Ohio Health Care Association as the Regulatory Director.

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ODA Quality Navigator

https://aging.ohio.gov/care-and-living/long-term-care-quality-navigator/long-term-care-quality-navigator-landing

- Initiated in order to provide an accessible, user-friendly dashboard to help Ohioans find a nursing home or assisted living facility
- Originally released in February 2024, but addressed nursing homes only
- Updated to incorporate assisted living facilities in February 2025

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ODA Quality Navigator

Some Data Elements Included:

- Demographic information
- Daily rates for out-of-pocket pay
- Proximity to nearest bus stop, hospital and grocery store
- Resident and Family Satisfaction scores with detail
- Specialized services
- Staffing
- Policies and amenities

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ODA Quality Navigator

- Introduced the "Care Quiz" in February 2025 to help Ohioans see what long-term care option is best for them.

https://aging.ohio.gov/care-and-living/long-term-care-quality-navigator/care-quiz

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Transition from CALS/EIDC to CLASS

- ODH will be transitioning from the current CALS/EIDC systems to the new Certification, Licensure, and Survey System (CLASS)
  - A unified platform to manage provider applications, demographic info, licensure, and surveys for various programs
  - Replaces older systems and streamlines how ODH certifies, licenses, and inspects healthcare facilities and services, acting as a central hub for provider data and regulatory processes.
- Will be implemented in phases
- First phase anticipated to go live in February of 2026
- Survey was sent to providers to request an account in the new system
  - Must have been completed by November 21, 2025

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Revised Long-Term Care Surveyor Guidance and SOM Appendix PP Updates, April 2025

- Updates effective April 28, 2025
- Changes outlined in QSO-25-14-NH

  https://www.cms.gov/files/document/qso-25-14-nh.pdf
- Critical Element Pathways were also updated
- 918 pages of updated guidance

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Revised Surveyor Guidance

Admission, Transfer and Discharge

- Admission agreements are prohibited from requesting or requiring a third-party guarantee of payment.
- The terms, "facility-initiated" and "resident-initiated" have been removed from the guidance.

Sufficient Nursing Staff, RN 8 Hrs./7days/Wk., Full time DON, PBJ

- The Payroll Based Journal Staffing Data Report will be used to determine compliance.
- The provider must provide proof of compliance

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Revised Surveyor Guidance

Chemical Restraints/Unnecessary Psychotropic Medication

- The regulations and guidance for unnecessary use of psychotropics have been moved to F605, Chemical Restraints
- The definition of "convenience" has been revised to include use of medications to cause sedation, or require less effort by facility staff to meet the resident's needs
- Before initiating or increasing a psychotropic medication, the resident must be notified and have the right to participate in their treatment and/or refuse

Professional Standards and Medical Director

- Clarifications and examples provided regarding adherence to professional standards when diagnosing
  - Example: Schizophrenia

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Revised Surveyor Guidance

Accuracy/Coordination/Certification

- Guidance updated to coincide with MDS 3.0 RAI Manual guidelines related to coding of schizophrenia without sufficient documentation

Comprehensive Assessment after Significant Change

- Guidance was updated to include section GG examples to coincide with the MDS 3.0 RAI Manual

QAPI/QAA Improvement Activities

- Facilities should consider factors that affect health equity and outcomes of their resident population when establishing priorities in their QAPI program

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Revised Surveyor Guidance

Cardio-Pulmonary Resuscitation (CPR)

- Updates were made to CPR certification to align with current nationally accepted standards

Pain Management

- Guidance for acute, chronic and subacute pain were made to align with CDC definitions
- Clarified use of immediate-release opioids versus extended-release and stressed the need for individualized opioid treatment plans

Physical Environment

- Clarifies that facilities who received approval of construction from State or local authorities or who were newly certified after 11/28/2016, with two single occupancy rooms with one bathroom, meet the bedroom and bathroom facility requirements

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Revised Surveyor Guidance

Infection Prevention and Control

- Guidance related to Enhanced Barrier Precautions was added to the State Operations Manual, Appendix PP

COVID-19 Immunization

- Guidance for facilities to educate residents or resident representatives and staff regarding the benefits and potential side effects associated with the COVID-19 vaccine, and to offer the vaccine, was added to the State Operations Manual, Appendix PP

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Survey Citation Data

- QCOR has not been updated since July 2025.
- Will provide additional information when available.

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BELTSS License Renewals

- As of 2026 BELTSS has moved to a two-year renewal cycle
- Last names of A-L renew in even years
- Last names of M-Z renew in odd years
- Renewal fee is now $800
- 40 CEs are now required with each renewal
- One CE course per renewal must be on ethics
- A maximum of 12 CE hours can be earned per day

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QIO 13th Scope of Work

- Seven QIN-QIOs will work directly with nursing homes, hospitals and physician offices to improve the quality and safety of care for people with Medicare
- Service provided will include:
  - Direct technical assistance and resources
  - Advanced data analytics
  - Evidence-based intervention recommendations
  - Customized training and education
- Focus areas:
  - Disease prevention
  - Quality and patient safety
  - Chronic conditions management
  - Behavioral health
  - Emergency preparedness
  - Care coordination and workforce challenges

QIO for Ohio

Superior Health Quality Alliance (SHQA)

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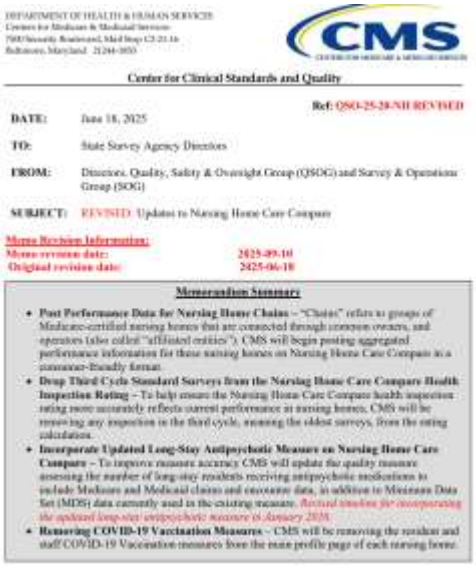
Five-Star Updates



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C3-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality

Ref: QSO-25-20-NH REVISED

DATE: June 18, 2025

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: REVISED: Updates to Nursing Home Care Compare

Memo Revision Information:
Memo revision date: 2025-09-10
Original revision date: 2025-06-18

Memorandum Summary

- **Past Performance Data for Nursing Home Chains** – "Chains" refers to groups of Medicare-certified nursing homes that are connected through common owners, and operators (also called "affiliated entities"). CMS will begin posting aggregated performance information for these nursing homes on Nursing Home Care Compare in a consumer-friendly format.
- **Drop Third Cycle Standard Surveys from the Nursing Home Care Compare Health Inspection Rating** – To help ensure the Nursing Home Care Compare health inspection rating more accurately reflects current performance at nursing homes, CMS will be removing any inspection in the third cycle, assuming the oldest surveys, from the rating calculation.
- **Incorporate Updated Long-Stay Antipsychotic Measure on Nursing Home Care Compare** – To improve measure accuracy CMS will update the quality measure assessing the number of long-stay residents receiving antipsychotic medications to include Medicare and Medicaid claims and encounter data, in addition to Minimum Data Set (MDS) data currently used in the existing measure. *Revised timelines for incorporating the updated long-stay antipsychotic measure in January 2026.*
- **Removing COVID-19 Vaccination Measures** – CMS will be removing the resident and staff COVID-19 Vaccination measures from the main profile page of each nursing home.

https://www.cms.gov/files/document/qso-25-20-nh-revised-2025-09-10.pdf

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Post Performance Data for Nursing Home Chains

- CMS began posting aggregated performance information for nursing home chains on Care Compare
- What is considered a "chain"?
  - A group of Medicare-certified nursing homes that are connected through common owners, and operators
- Data, including average ratings and performance measures across several staffing and quality measures, has been posted on data.cms.gov since June 2023.
  - Was intended for nursing homes and researchers
- Beginning July 30, 2025, average overall, health inspection, staffing and quality measure ratings for each chain are posted on Care Compare
  - Intended to increase transparency

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Anti-psychotic Quality Measure Update

- CMS is concerned that MDS data may not accurately reflect the number of antipsychotic medications provided to residents
- Will now include Medicare and Medicaid claims data and Medicare Advantage encounter data in the quality measure
- Will now begin January 2026 (pushed back)
- May affect the timing to obtain information for Ohio QIP
- Will claims data accurately reflect what is administered?
- Initial facility level and resident level data, published January 2026 has discrepancies

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Removing COVID-19 Vaccine Measures

- Effective July 30, 2025, CMS will remove the COVID-19 vaccination section from the main profile page of each nursing home on Care Compare.
- Information related to COVID-19 vaccination will still be available on Care Compare in a different location.

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Drop Third Cycle Standard Surveys from Nursing Home Care Compare Health Inspection Rating

- Beginning with the July 2025 refresh, the 5 Star Health Inspections rating no longer include the third cycle of standard surveys.
- Remaining surveys will be reweighted.
- This change is to address the backlog of health inspections, older than 45 months, that are still in cycle three.
  - May not accurately reflect the current performance of nursing homes

Note: Results from the third most recent recertification health inspection and associated deficiencies are displayed on Care Compare but are not used for health inspection ratings

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July 2025 SNF Licensure Rules Update

- Statutory review process every five years
- The Ohio licensure changes were part of the five-year review
- Process began in 2024
- Two periods for public comment, one in February 2024 and another in October 2024. OHCA commented in both periods
- Final rules were filed on July 7, 2025
- Rules are effective as of July 17, 2025

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Ohio Specific Guidance

- Ohio Revised Code, Chapter 3721 - Statutes
  - https://codes.ohio.gov/ohio-revised-code/chapter-3721
- Ohio Administrative Code, Chapter 3701-17 - Rules
  - https://codes.ohio.gov/ohio-administrative-code/chapter-3701-17

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Some Updates to SNF Licensure Included:

OAC Rule 3701-17-01 Definitions

- Chemical Restraint definition changed to:
  - Any drug that is used for discipline or staff convenience and not prescribed to treat medical symptoms
- Defines "full-time" as working thirty or more hours per week
- Defines Elopement as:
  - Occurs when a resident leaves a home or safe area without the facility's knowledge or without supervision. A situation in which a resident with decision-making capacity leaves the home will not be considered an elopement unless the home has reason to suspect, or the circumstances surrounding the resident's departure indicate, that the departure is unusual or atypical.

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Some Updates to SNF Licensure Included:

OAC Rule 3701-17-06 Responsibility of Operator and Nursing Home Administrator; Quality Assurance and Performance Improvement

- Adds additional reporting requirements:
  a) Real, alleged, or suspected abuse, neglect, or exploitation of a resident, or misappropriation of the property of a resident;
  b) Elopement of a resident as defined in paragraph (J) of rule 3701-17-01 of the Administrative Code;
     - ODH's preferred method of notification for elopement is via encrypted email to BLTCQ@odh.ohio.gov
     - If the elopement was the result of neglect, providers should continue to report this through EIDC
  c) Instances when the operator is subject to cash on delivery requirements by any vendors or vendor-initiated contract or delivery cancellations due to non-payment or delinquency;
  d) Non-payment or delinquent payment of federal, state, or local taxes; and
  e) Inadequate food, medical, durable medical equipment, incontinence, respiratory or pharmaceutical supplies at the nursing home

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Some Updates to SNF Licensure Included:

OAC Rule 3701-17-06 Responsibility of Operator and Nursing Home Administrator; Quality Assurance and Performance Improvement

- The administrator is responsible for notifying ODH of any of the following:
  a) Interruption of essential services, or a notice of potential interruption of essential services, due to lack of payment. Essential services include, but are not limited to, therapy, phone, internet service provider, a utility, food delivery, fire alarm monitoring, and maintenance contracts;
  b) Inadequate staffing, meaning the nursing home does not have enough staff available to meet the needs of residents based on the acuity and/or number of residents as per the facility's assessment; and
  c) A known change in the control, ownership or operator of the facility or a change in the company to which the administrator reports

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Some Updates to SNF Licensure Included:

OAC Rule 3701-17-06 Responsibility of Operator and Nursing Home Administrator; Quality Assurance and Performance Improvement

- Nursing homes will ensure the involvement of the following personnel in the QAPI program as appropriate:
  - Medical Director
  - Nursing Home administrator
  - Director of Nursing
  - Activities Director
  - Social Services Director
  - Dietary Manager
  - Infection Control Coordinator
  - A representative from the nursing home's contracted pharmacy
  - A representative from the nursing home's nurse aides staff
  - After QAPI meetings or discussions the resident council president or their designee will be made aware of necessary items directly concerning them when applicable

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Some Updates to SNF Licensure Included:

OAC Rule 3701-17-06 Responsibility of Operator and Nursing Home Administrator; Quality Assurance and Performance Improvement

- Must establish an effective system to obtain and use feedback and input from residents and resident representatives on an ongoing basis and communicate QAPI priorities with the resident council on a regular basis
- Adds that the quality assurance committee will conduct a root cause analysis along with tracking, analyzing, investigating and monitoring incidents
- The requirement to participate in at least one quality improvement project every two years from the approved Department of Aging list was removed
  - Replaced with the administrator is obligated to ensure that the nursing home participate in a least one quality improvement project every two years per section 3721.07 of the Revised Code

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Some Updates to SNF Licensure Included:

OAC Rule 3701-17-07 Qualifications and Health of Personnel

- Adds infection control to the list of trainings required during orientation for each staff member, consultant and volunteer.
- Adds exploitation of a resident to the list of disciplinary actions that would result in a nursing home not being allowed to employ or continue to employ a person for direct care to an older adult.

OAC Rule 3701-17-07.2 Dining Assistants

- The eight hours of didactic instruction may now be presented online with the instructor being available at the end of the class for discussion and questions

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Some Updates to SNF Licensure Included:

OAC Rule 3701-17-08 Personnel Standards

Administrator hour requirement changes – Based on capacity, not current census

- Homes with **fewer** than one hundred bed capacity:
  - Must have an administrator present in the home for no less than 16 hours per week
- Homes with capacity of one hundred **or more**:
  - Must have an administrator present in the home on a full-time basis, at least 30 hours per week for the SNF
- The administrator will designate another staff member to be the point of contact when they are absent due to illness, vacation or an emergency
- Adds that each nursing home will have a designated infection prevention and control coordinator

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Some Updates to SNF Licensure Included:

OAC Rule 3701-17-09 Resident Life Enrichment

- Provides guidelines to allow residents access to new technology and communication methods
- The nursing home must have a plan and procedures to provide appropriate visitation in the event of a facility or public health emergency

OAC Rule 3701-17-10 Resident Assessment; Advanced Care Planning

- Upon admission, the nursing home will assess each resident in the following areas:
  a) Cardiovascular, pulmonary, neurological status including auscultation of heart and lung sounds, pulses and vital signs; and
  b) Hydration and nutritional status, including allergies and intolerances;
  c) Presenting physical, psycho-social and mental status;
  d) Ability to conduct the activities of daily living – NEW
  e) Head to toe skin assessment – NEW
  f) Risk for elopement – NEW
  g) Preferences related to discharge timeline – NEW

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Some Updates to SNF Licensure Included:

OAC Rule 3701-17-10 Resident Assessment; Advanced Care Planning

- The additional areas of review will also be completed at least annually, within thirty days of the anniversary date of the completion of the resident's last comprehensive assessment, and at least every three months and with a change in condition.
- If the nursing home has a designated smoking area, the assessments initially, annually and periodically will also include:
  - An assessment of the resident's ability to smoke without supervision and without a smoking apron
  - An evaluation of changes to cognitive, communicative, mood, or behavioral patterns associated with smoking

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Some Updates to SNF Licensure Included:

OAC Rule 3701-17-11 Infection Control

- Requires nursing homes to establish and implement infection control policies, as well as designating an Infection Preventionist who works at least part-time and participates in the QAPI committee.
- Must include tuberculosis testing in infection prevention plans
- Must have a written surveillance plan to track infection, report diseases and implement a water management program

OAC Rule 3701-17-13 Medical Supervision

- Clarifies medical director responsibilities and that the director must review all deficiency statements issued concerning the medical director

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Some Updates to SNF Licensure Included:

OAC Rule 3701-17-15 Restraints

- The quality assurance committee will review use of restraints and isolation, and any incidents that resulted from their use, on a monthly basis, looking for trends

OAC Rule 3701-17-17 Medicines and Drugs

- Indicates medications will be provided in a manner to ensure privacy to the resident, and nursing homes will have a plan for making sufficient medications and records or residents' orders available to ensure continuity of care in the event of an emergency evacuation or closure
- Outlines processes to be taken if an ordered medication is not available from the pharmacy

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Some Updates to SNF Licensure Included:

OAC Rule 3701-17-19 Records and Reports

- Establishes that if applicable, the contact information of the nearest relative or legal guardian is obligated to be reviewed and updated every six months to ensure appropriate notification in the even of an emergency, quarantine, or closure
- Removes guidance that each employee's current home address must be maintained in their personnel file

OAC Rule 3701-17-20 Smoking or Use of Flame Producing Devices; Waste Containers and Ash Trays

- Updates the rules to include use of electronic smoking devices
- If a nursing home allows outdoor resident smoking, accommodations will be made for residents during adverse weather conditions, public health emergencies, incidents of isolation, or quarantine

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Some Updates to SNF Licensure Included:

OAC Rule 3701-17-21 Dining and Recreation Rooms; Utility Rooms; Toilet Rooms

- Clarifies square footage requirements and indicates that every building constructed or converted to a nursing home on or after July 17, 2025 will have a toilet room directly accessible from each resident sleeping room, except the hand washing basin may be located in either the toilet or sleeping room
- Toilet rooms are not to be shared between rooms

OAC Rule 3701-17-22 Building, Plumbing and Sanitations Standards

- Clarified that extermination of pests should be considered urgent and remediation is obligated to commence as soon as possible

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Some Updates to SNF Licensure Included:

OAC Rule 3701-17-23 Limitation of Number in Wards

- If a nursing home was built prior to December 22, 1964, was discontinued for use, and then use as a nursing home resumes, it must comply with:
  - Having no less than 100 square feet of habitable floor area for single resident rooms and no less than 80 square feet per person if there is more than one occupant
  - Every room occupied for sleeping purposes by residents will be occupied by no more than two residents

OAC Rule 3701-17-24 Temperature Regulation in Homes

- Each nursing home must have a device, such as a hand held hygrometer or infrared thermometer, to check the ambient temperature of the rooms.

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Some Updates to SNF Licensure Included:

OAC Rule 3701-17-25 Disaster Preparedness, Fire and Carbon Monoxide Safety

- A paper and electronic copy of the disaster preparedness plan will be maintained off-site to ensure access by the nursing home director or nursing home staff in the event of an emergency
- Policies and procedures to ensure infection prevention and control in the event of an emergency or disaster needing evacuation or other movement of residents will be included in the written disaster preparedness plan
- Semi-annually, the operator will ensure that all staff members are instructed in the home's fire control and evacuation and disaster procedures and kept informed of their duties under the evacuation plan
- Clarifies that carbon monoxide alarms or carbon monoxide detectors will be installed and maintained per Ohio fire code section 1103.9
- Each nursing home will notify the director by phone or electronic mail when there is an interruption affecting the resident health and safety due to an emergency or a disaster involving the nursing home

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Are You Familiar with PCREE?

PCREE: Patient Care-Related Electrical Equipment

- Refers to medical devices and electrical systems used in healthcare settings that directly impact patient safety
- Requires annual inspections for electrical safety, functionality and compliance with standards like NFPA
- Why it matters?
  - Patient safety
  - Facility compliance
  - Risk mitigation

Look for OHCA programs to review in more detail

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Compare Facility Results to the Technical User's Guide - Updated

Design for *Care Compare*
Nursing Home Five-Star Quality Rating System:

Technical Users' Guide

July 2025

https://www.cms.gov/medicare/health-safety-standards/certification-compliance/five-star-quality-rating-system

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To Determine Facility Points, Start with the 5 Star Report

Quality Measure	Points	Min	Max
Percentage of residents with a urinary tract infection (long-stay)	100	0.0000	0.0070
	80	0.0071	0.0160
	60	0.0161	0.0272
	40	0.0273	0.0452
	20	0.0453	1.0000
Percentage of residents experiencing one or more falls with major injury (long-stay)	100	0.0000	0.0134
	80	0.0135	0.0246
	60	0.0247	0.0356
	40	0.0357	0.0514
	20	0.0515	1.0000
Percentage of residents who got an antipsychotic medication (long-stay)	150	0.0000	0.0478
	135	0.0479	0.0749
	120	0.0750	0.0960
	105	0.0961	0.1137
	90	0.1138	0.1321
	75	0.1322	0.1508
	60	0.1509	0.1746
	45	0.1747	0.2039
	30	0.2040	0.2538
	15	0.2539	1.0000

- Cut points from the 5 Star Technical Users' Manual are used to determine the point values in each category.

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To Determine Facility Points, Start with the 5 Star Report

	Provider [redacted]						OH	US
MDS Long-Stay Measures	2024Q2	2024Q3	2024Q4	2025Q1	4Q avg	Rating Points	4Q avg	4Q avg
Lower percentages are better								
Percentage of residents experiencing one or more falls with major injury	4.9%	2.2%	1.1%	0.0%	2.0%	80	3.5%	3.3%
Percentage of residents with pressure ulcers[1]	0.8%	0.6%	0.7%	0.7%	0.7%	100	4.1%	5.4%

- Each Quality Measure is compared to the national 4 Quarter average, and receives a point value, based on specified cut points
- The point value received is divided by 20 in order to calculate QIP

Be mindful of differences in the denominator, and ensuring calculations are accurate. Always double check the final 5 Star report for the quarter

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Ohio QIP Update

Measures Included in Ohio QIP

- Long Stay Pressure ulcers – 5 points
- Long-Stay urinary tract infection – 5 points
- Long-Stay ability to move independently worsened – 7.5 points
- Long-Stay catheter – 5 points
- Long-Stay activities of daily living – 7.5 points
- Long-Stay falls with major injury – 5 points
- Long-Stay antipsychotic medication – 7.5 points
- Staffing – 5 points
- Total Maximum Occupancy Points = 3 points

Maximum Points Available = 50.5 points

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Ohio QIP Update

- July 2025 rate setting was the first QIP to use the new/revised quality measures, and did not have any frozen data
  - Tremendous affect on some communities – Some good. Some bad.

January 2026 QIP Includes Data From:	July 2026 QIP Includes Data From:
3rd Q 2024, 4th Q 2024, 1st Q 2025, 2nd Q 2025	1st Q 2025, 2nd Q 2025, 3rd Q 2025, 4th Q 2025

- Bottom 25% cut off for July 1, 2025 = 32 Points
  - Cut point is only adjusted one time per year. Will remain 32 points for January 2026.
  - If the cut point changed for January 2026, the new bottom 25% threshold would be approximately 34.5 points.
  - The threshold for July 2026 is expected to continue to increase.

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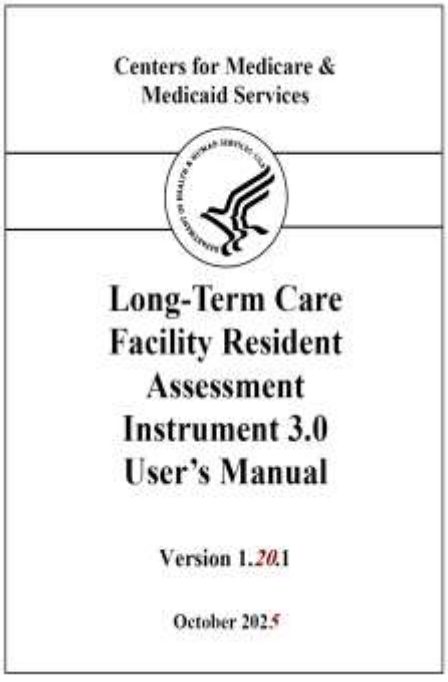
Third Final MDS 3.0 RAI Manual Released September 24, 2025

https://www.cms.gov/medicare/quality/nursing-home-improvement/resident-assessment-instrument-manual

Change tables are on page 863 – 1001



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General Changes

- Various minor alignments, clarifications and corrections throughout the manual
- Some sections were streamlined by removing duplicate examples

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Section GG: Functional Abilities

- GG0130 (Self-Care) and GG0170 (Mobility)
  - Many coding tips were added such as:
    - Assessment of GG self-care and mobility items is based on the resident's ability to complete the activity with or without assistance and/or a device.
      - This is true regardless of whether or not the activity is being/will be routinely performed
      - You can still attempt to assess the resident's ability, even if they don't routinely use the skill.
    - Clarifies that during the assessment timeframe (up to 3 calendar days based on the target date), some activities may be performed by the resident multiple times, whereas other activities may only occur once.

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Section GG: Functional Abilities

- GG0130 (Self-Care) and GG0170 (Mobility)
  - Clarified that coding examples may describe a single observation of the resident completing the activity, or may describe a summary of several observations of the resident completing an activity across different times of the day and different days

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Section J: Health Conditions

- The definition of a fall has changed to:

Unintentional change in position coming to rest on the ground, floor or onto the next lower surface (e.g., onto a bed, chair, or bedside mat) or the result of an overwhelming external force (e.g., a resident pushes another resident.)

An intercepted fall occurs when the resident would have fallen if they had not caught them self or had not been intercepted by another person – this is still considered a fall.

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Section J: Health Conditions

- Definition of a fall:
  - Some previous elements of the fall definition have been moved to coding tips:
    - Falls may be witnessed, reported by the resident or an observer or identified when a resident is found on the floor or ground.
    - Falls include any fall, no matter whether it occurred at home, while out in the community, in an acute hospital or a nursing home.
    - Challenging a resident's balance and training them to recover from a loss of balance is an intentional therapeutic intervention and is not a fall.
      - NEW – "However, if there is a loss of balance during supervised therapeutic interventions and the resident comes to rest on the ground, floor or next lower surface despite the clinician's effort to intercept the loss of balance, it is considered a fall."

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Section J: Health Conditions

- Definition of Fall with Injury (Except Major) has changed to:

  Includes, but is not limited to, skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or an fall-related injury that causes the resident to complain of pain.

  - Very subjective
  - MDS item sets were updated on September 24, 2025 to reflect the new language.

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Section J: Health Conditions

- Definition of Fall with Major Injury has changed to:

  Includes, but is not limited to, traumatic bone fractures, joint dislocations/subluxations, internal organ injuries, amputations, spinal cord injuries, head injuries, and crush injuries

  - Very subjective
  - Will have a significant impact on Quality Measures and Ohio QIP

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Section J: Health Conditions

- J1900 (Number of Falls Since Admission/Entry or Reentry or Prior Assessment)
  - Clarifies that fractures confirmed to be pathologic (vs. traumatic) are not considered a major injury resulting from a fall.

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Differentiating from Traumatic vs. Pathological Fractures Examples

Resident A, who has osteoporosis, falls, resulting in a right hip fracture. The Emergency Department physician confirms that the fracture is a result of the resident's bone disease and not a result of the fall.
Coding: J1800 would be **coded 1, yes** and J1900C would be **coded 0, none**.

Rationale: The physician determined that the fracture was a pathological fracture due to osteoporosis. Because the fracture was determined to be pathological, it is not coded as a fall with major injury.

Resident L, who has osteoporosis, falls, resulting in a right hip fracture. The physician in the acute care hospital confirms that the fracture is a result of the resident's fall and not the resident's history of osteoporosis.
Coding: J1800 would be **coded 1, yes** and J1900C would be **coded 1, one**.

Rationale: Because the physician determined that the fracture was a result of the fall, it is a traumatic fracture and, therefore, is a fall with major injury.

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Effect of Fall with Major Injury Changes

OIG Findings

- A recent OIG report indicates 43% of nursing homes failed to accurately report falls with major injury and hospitalization among Medicare-enrolled residents
- Between 21 – 35% were not accurately reported in Ohio
- The report can be found here:
  https://oig.hhs.gov/documents/evaluation/10969/OEI-05-24-00180_NiVGuCQ.pdf

Fall with Major Injury Technical Expert Panel

- Discusses CMS' fear that MDS reporting for falls with major injury is not accurate
- Proposes to include claims-based data
- Proposed changes to falls and falls with major injury definition
- The report can be found here:
  https://www.cms.gov/files/document/may-2025-cross-setting-falls-major-injury-tep-summary-report.pdf

Effects

- Anticipate an increase in Fall with Major Injury on Quality Measures
- Will change Ohio QIP results

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Section N: Medications

- N0415 (High-Risk Drug Classes: Use and Indication)
  - CMS indicates that facilities may wish to identify a resource that their staff consistently uses to identify pharmacological classification
    - Assessors should be able to identify the source(s) used to support coding the MDS 3.0

Impact: Shows the growing trend that CMS expects accountability for accuracy, and a reproducible MDS

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Section O: Special Treatment, Procedures, and Programs

- O0390 (Therapy Services)
  - New item that replaces O0400 as it relates to OT, PT, SLP, and Psychological Therapy days and minutes
  - If O0390D (Respiratory Therapy) is checked, then O0400D (Respiratory Therapy Days) must be completed.
    - All other aspects of O0400 were removed.

O0390.	Therapy Services Indicate therapies administered for at least 15 minutes a day on one or more days in the last 7 days
↓	Check all that apply
☐	A. Speech-Language Pathology and Audiology Services
☐	B. Occupational Therapy
☐	C. Physical Therapy
☐	D. Respiratory Therapy
☐	E. Psychological Therapy
☐	Z. None of the above

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Section R: Social Determinants of Health

- The proposed Section R was removed, as the associated QRP items were removed.

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QRP and Impact of Section R Removal

QRP = Quality Reporting Program

- Additional data elements were scheduled to be added for FY 2027.
  - Would have included social determinates of health
  - Would have been based off of 5 items in Section R
  - The SNF FY 2026 Final Rule eliminated these elements from QRP
  - Removal from QRP allowed for removal of Section R from the MDS
  - CMS estimated the time for collection of this data would result in:
    - 31,791.20 hours of administrative burden
    - $2,228,563.12 cost nationally ($146.11 per SNF)

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QRP and Impact of Section R Removal

A list of FY 2027 Data Elements can be found here:

https://www.cms.gov/files/document/fy2027snfqrpaputableforreportingmeasuresanddata-revised.pdf

A list of FY 2028 Data Elements can be found here:

https://www.cms.gov/files/document/fy2028snfqrpaputableforreportingmeasuresanddata.pdf

Remember – Failure to comply with SNF QRP guidelines will result in a 2% reduction in the SNF's annual rate update (APU)

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QRP and Impact of Section R Removal

In order to be compliant, SNFs must meet or exceed two data completeness thresholds:

- Threshold 1: 90% completion of the assessment-based quality measures and standardized patient assessment data collected using the MDS and submitted through iQIES
- Threshold 2: 100% completion for quality measures data collected and submitted using the CDC NHSN
- Threshold 3: 100% completion for records selected for the data validation process

QRP Frequently Asked Questions for FY 2026 can be found here:

https://www.cms.gov/files/document/fy2026snfqrpfaqs.pdf

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Section X: Correction Request

- Clarified that the modification and inactivation processes do not remove the prior erroneous record from iQIES
  - The previous record remains in the database, but is archived
  - If it is necessary to delete or change a record and not retain any information about the record in iQIES, the facility must complete an MDS 3.0 Individual Correction Request or an MDS 3.0 Individual Deletion Request in iQIES
  - In situations in which the state-assigned facility submission ID (FAC ID) or the state code (STATE CD) is incorrect, an MDS 3.0 Manual Assessment Move Facility Request is required
  - Additional detail about the process can be found in Chapter 5 of the MDS Manual, and in the iQIES Assessment Management: Assessment Submitter Manual:

https://qtso.cms.gov/system/files/qtso/iQIES%20Assessment%20Management%20Manual%20for%20Assessment%20Submitter%20v2.1%20FINAL%2008.11.25_508.pdf

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Ohio PDPM Transition

- Based on PDPM Nursing Component only
- Conversion Factor
  - ORC 5165.19: (4) The department shall multiply each cost per case-mix unit determined under division (C)(1) of this section by the peer group average case-mix score in effect on December 31, 2025, divided by the peer group average case-mix score determined under section 5165.192 of the Revised Code for the semiannual period beginning January 1, 2026. The product determined under this division for each nursing facility's peer group shall be the cost per case-mix unit used to determine the nursing facility's per Medicaid day payment rate for direct care costs under division (A)(1) of this section for the period beginning January 1, 2026, and ending on the day before the department's next rebasing conducted after that date takes effect.
- Transition
  - July 1, 2025 – December 31-2025: Use Q4 2024 & Q1 2025 case mix score unless frozen. If frozen, the frozen case mix will apply
  - January 1, 2026 – June 30, 2026: Phase-in using 1/3 PDPM from Q2 2025 & Q3 2025, 2/3 RUGs*
  - July 1, 2026 – June 30, 2027: Phase-in using 2/3 PDPM, 1/3 RUGs*

* RUGs used for phase-in is semiannual score used for January 1, 2025 (or frozen)

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PDPM – Other Items of Note

- Low rate for PA1/PA2 residents and exclusion from CMI not changed
- These provisions are in statute and weren't amended by HB 96
- No guidance on determining who is PA1 or PA2 – we advised continuing to use the latest assessment
- OSAs no longer required
- PDPM assessments are all that matter beginning April 1, 2025

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Current Medicaid Case Mix Weights (Does not include conversion factor)

Nursing PDPM Score	HIPPS Code 3rd Digit	Case-Mix Index
ES3	A	3.84
ES2	B	2.90
ES1	C	2.77
HDE2	D	2.27
HDE1	E	1.88
HBC2	F	2.12
HBC1	G	1.76
LDE2	H	1.97
LDE1	I	1.64
LBC2	J	1.63
LBC1	K	1.35

Nursing PDPM Score	HIPPS Code 3rd Digit	Case-Mix Index
CDE2	L	1.77
CDE1	M	1.53
CBC2	N	1.47
CA2	O	1.03
CBC1	P	1.27
CA1	Q	0.89
BAB2	R	0.98
BAB1	S	0.94
PDE2	T	1.48
PDE1	U	1.39
PBC2	V	1.15
PA2	W	0.67
PBC1	X	1.07
PA1	Y	0.62

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Ohio Exception Review Update

- Restarted in October 2025

- Ohio Department of Medicaid (ODM) has released four resources to clarify the Exception Review and PDPM processes, as well as the steps for assessment and documentation of Section GG.
  - MDS Exception Review Process for PDPM – Provides an overview of the process that will be used for Exception Reviews. The process will primarily remain the same as with previous years. One notable change is that the sample will now be 100% Medicaid residents.
  - PDPM Overview – Reviews each component of PDPM. Please note that only the Nursing Component of PDPM will be used for Ohio case mix.
  - Section GG Functional Status 2025 – Provide a review of Section GG RAI manual guidelines, as well as documentation and coding requirements.
  - Nursing Facility Fact Sheet – Section GG Functional Status – Reviews the section GG guidelines from the RAI manual, and provides tips for coding and documentation.

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Ohio Exception Review Update

Primary Areas of Concern to this Point:

- Section GG Documentation
  - Ensure proof of an interdisciplinary process is present
- PHQ2-9 Staff Interviews and overall timing/documentation
- IV Drip Therapy
  - https://dam.assets.ohio.gov/image/upload/medicaid.ohio.gov/Providers/ProviderTypes/LongTermCare/NursingFacility/IV_Therapy_Services.pdf
- Diagnoses active in the last 7 days
- Respiratory Therapy

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Transfer and Discharge Notifications and New Ombudsman Form

- The April 2025 State Operations Manual update, removed language including "facility-initiated" and "resident-initiated" in regard to discharges
  - CMS, ODH and the Ombudsman's Office have interpreted this change to indicate that a discharge notification must now be sent to residents with EVERY discharge, including short term rehab and respite stays
- Beginning on November 10th, providers are requested to email OhioOmbudsman@age.ohio.gov with the following attachments:
  - A copy of the discharge notice issued to the resident
  - A completed Notification to Ombudsman of Resident Discharge form
- Does not apply to hospital transfers. A monthly list of hospital transfers can continue to be sent to the Ombudsman's office, and the new form is not required

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Affect of the Government Shutdown on Surveys

- Increased survey activity for Residential Care Facilities
  - Had initially slowed before the shutdown due to ODH software conversion.
  - May continue to see issues with timeliness related to backlog

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Resident and Family Satisfaction Survey Update

- The Resident Satisfaction survey will now be conducted in two phases:
  - Phase 1: Long-term care facilities in primarily urban areas surveyed through December 2025
  - Phase 2: The remaining facilities, in primarily rural areas, will be surveyed between August 2026 and December 2026
- Family Satisfaction surveys will be completed by June 2026 as scheduled

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Questions?

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