Complete and Accurate Submission of Payroll-Based Journal Data to CMS Prior to the Deadline
&
Accurate Submission of WA State Minimum Direct Care Nursing HPRD Threshold Data

A Residential Care Services Training

March 19, 2025

Housekeeping

- A couple of short breaks will be provided.
- Take care of yourself. If you need to step away for a few minutes, do it.
- Each participant will receive a copy of this slide deck which contains links to federal and state Rule, policy, procedure, guidance, and training materials.
- Time for questions is set aside at the end of each section and at the end of the training.
- Check your knowledge” questions are included at the end of each section.

Training Sections

Section 1: Review **Basic Requirements** for submission of PBJ and direct care nursing HPRD data.

Section 2: Understand **Federal Regulatory Guidance & Training Resources** for compliance with complete and accurate submission of PBJ data to CMS.

Section 3: Learn how to access **CASPER Reports.**

Section 4: Understand **State Guidance** for compliance with the state minimum direct care nursing 3.4 HPRD threshold.

Section 5: Understand how the **State Direct Care Nursing HPRD Threshold** is established when a facility doesn't submit complete PBJ data to CMS.

Section 6: Review rules and required tasks for **PBJ & Direct Care Nursing Data Audit**.

Section 7: Recognize helpful **Resources**.

Basic Requirements

- CMS publishes guidance and training materials to fully inform complete, accurate, and timely submission of PBJ data.
- WA State applies most CMS PBJ policy guidance when evaluating direct care nursing HPRD data submitted to CMS.
- The training materials provided today are not intended to duplicate or replace training and guidance available through CMS.
- The materials selected for presentation today are not all inclusive. Each was selected to address widespread data submission errors identified over the past year during PBJ data audits.

Basic Requirements (Contined)

- Federal law requires that federally enrolled/certified Long-Term Care (LTC) facilities submit complete and accurate PBJ data to CMS by deadline.
- WA State law requires that state licensed LTC facilities maintain compliance with the state minimum direct care nursing 3.4 threshold.
- RCS staff evaluate compliance with both federal and state requirements consecutively.
- If concerns related to sufficient staffing are identified from any source, RCS staff utilize critical element pathway, "Sufficient and Competent Staff" to investigate and evaluate potential impacts to residents.
- Both federal and state law require periodic audit of direct care nursing data against payroll, agency invoice, and census.

DSHS

Federal Guidance & Training

Complete and Accurate Submission of Payroll-Based Journal (PBJ) Data to CMS by Deadline

Resources

CMS provides regulatory guidance and training materials to inform complete, accurate, and timely submission of PBJ data.

- Important PBJ Action Items 02-24-2022,
- Staffing Data Submission Payroll Based Journal (PBJ) | CMS – CMS PBJ SharePoint page,
- Payroll Based Journal (PBJ) | QIES Technical Support Office – Training modules & guidance documents,
- Electronic Staffing Data Submission – PBJ Policy Manual,
- Electronic Staffing Data Submission Payroll-Based Journal (PBJ) - FAQs

Nursing Home (NH) Staffing

- The Centers for Medicare & Medicaid Services (CMS) have identified staffing as one of the vital components of a nursing home's ability to provide quality care.
- CMS uses staffing data to more accurately and effectively gauge its impact on quality of care in nursing homes.
- Staffing information is posted on the CMS Nursing Home Compare website and is used in the Nursing Home Five Star Quality Rating System to help consumers understand the level and differences of staffing in nursing homes.

Case-Mix Adjustment Methodology

- Beginning July 31, 2024, CMS began posting nursing home staffing measures based on the new staffing level case-mix adjustment methodology.

- More information about the new methodology is provided in the Nursing Home Care Compare Five-Star Technical Users' Guide.

Federal Rule

Federal rule informs complete, accurate, and timely submission of CMS PBJ data includes:

- Section 6106 of the Affordable Care Act (ACA) requires facilities electronically submit complete and accurate direct care staffing information (including agency and contract staff) based on payroll and other auditable data. The data, when combined with census information, can then be used to report on the level of staff in each nursing home, as well as employee turnover and tenure, which can impact the quality of care delivered.

- 42 CFR 483.70(p)(1-5) "Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS."

- F-TagHelp F851 provides additional information, guidance, and resources for evaluating compliance.

- If the facility demonstrates non-compliance with federal requirements at 42-CFR-483.70, a citation at F851 is required.

CMS PBJ Data Submission Deadlines

Fiscal Quarter	State Quarter	Reporting Period	Due Date
1	4	October 1 – December 31	February 14
2	1	January 1 – March 31	May 15
3	2	April 1 – June 30	August 14
4	3	July 1 – September 30	November 14

LTC facilities must submit complete and accurate direct care staffing information, based on payroll and agency invoice documents, using the PBJ format, to CMS by deadline.

Direct Care Staff

"Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long-term care facility (for example, housekeeping)." *(PBJ Policy Manual)*

Data for direct care service hours that are direct billed to Medicare, Medicaid, or Private Insurance, must not be included in the PBJ data submitted to CMS or WA State.

Complete PBJ Data

PBJ data submitted to CMS must be <u>complete</u> and must include:

- The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, social worker, activities, or other type of medical personnel as specified by CMS); and
- The hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date - as applicable, and hours worked for each individual); and
- Resident census data; and
- Information on direct care staff turnover and tenure.

Accurate PBJ Data

PBJ data submitted to CMS must be <u>accurate</u>.

- Staffing information is required to be an accurate and complete submission of a facility's staffing records. Facilities should run the staffing reports that are available in CASPER to verify the accuracy and completeness of their final submission prior to the submission deadline. CMS and WA State will conduct audits to assess a facility's compliance with this requirement.

- Reporting must be based on the staff's primary role and their official categorical title. It's understood that most roles have a variety of non-primary duties that are conducted throughout the day. Facilities must report total hours for that staff, based on their primary role – with a few exceptions.

Reporting Staff Hours

- Staff in training: Hours for staff who are attending training (onsite or offsite) and not available to provide resident care, must not be reported.

- Staff whose primary role does not include direct care tasks, but who periodically complete direct care tasks:
  - Facilities must use a reasonable methodology to separate and report the time spent performing their primary role from the time spent providing direct care services.
    - Example: Director of Nursing who periodically picks up a shift on the floor.

- Staff whose primary role doesn't include non-direct care tasks, but who periodically complete non-direct care tasks:
  - Facilities must use a reasonable methodology to separate and report the time spent performing their primary role from the time spent providing non-direct care services.
    - Example: CNA who periodically completes meal preparation or housekeeping tasks.

Reporting Staff Hours (Continued)

- Each staff for whom data is submitted to CMS must have a PBJ System ID #.
- Staff meal periods must not be included in data submitted.
- **Please note:** Every hour submitted must be auditable against either facility payroll or agency invoice documents.
- The same hours, completed by the same staff on the same date, must only be submitted under one category.

Reminder

PBJ & census data cannot be corrected after submission deadline.

Enhanced Facility-Wide Assessment

CMS requires that every NH have staff on duty twenty-four hours daily, sufficient in number and qualifications to carry out the policies, responsibilities, and programs of the facility.

Ongoing facility-wide assessment must be completed to determine if staffing in excess of federal and state minimum staffing standards is required to meet resident acuity and care needs.

- DPL NH #2024-039– Enhanced Facility Wide Assessment,
- eCFR :: 42 CFR 483.71 -- Facility assessment,
- QSO-24-13-NH,
- F-TagHelp F838.

Quick Reminder

If a facility fails to submit complete and accurate PBJ data to CMS by deadline, citation at F-tag F851 is required.

Federal Guidance Questions

Are there any questions about federal guidance for complete, accurate, and timely submission of CMS PBJ data?

Federal Guidance, Question 1

If the ongoing facility-wide assessment demonstrates the need for direct care nursing staff, in excess of minimum direct care nursing thresholds, the facility must consistently maintain the higher level of staffing.

- ❑TRUE
- ❑FALSE

Federal Guidance, Answer 1

The answer is **TRUE**.

If the ongoing facility-wide assessment demonstrates the need for direct care nursing staff, in excess of minimum direct care nursing thresholds, the facility must consistently maintain the higher level of staffing.

Federal Guidance, Question 2

If a nursing home resident receives services from a provider that direct bills Medicare, Medicaid, or Private Insurance, related hours are ineligible for inclusion in the direct care nursing HPRD threshold calculation.

- ❑TRUE
- ❑FALSE

Federal Guidance, Answer 2

The answer is **TRUE**.

If a nursing home resident receives services from a provider that direct bills Medicare, Medicaid, or Private Insurance, related hours are **ineligible** for inclusion in the direct care nursing HPRD threshold calculation.

CASPER REPORTS

CMS PBJ DATA

Frequently Used CASPER Reports

A variety of CASPER reports are available to support complete, accurate, and timely submission of direct care nursing data to CMS and WA State.

Prior to deadline, facilities should access the following reports to ensure PBJ data received by CMS is a complete and accurate representation of the facility's direct care staffing data for the quarter under review:

- PBJ On Demand Final File Validation Report,
- PBJ Submitter Final File Validation Report.

After PBJ data submission deadline, the following CASPER reports are available. RCS consistently uses data from these reports during the data validation process:

- 1702D Individual Daily Staffing Report,
- 1704S Daily MDS Census Summary Report,
- 1705D Staffing Data Report.

QIES

- Log in to QIES at: QIES National System Login - CASPER Reporting (qiesnet.org).
- If you don't yet have a QIES account, you'll need to create one:
  - Create a HARP Account,
  - HARP Login,
  - QIES User Maintenance Application User's Guide,
- If you're unable to access the above link, and don't know how to add a staff member to your facility account, review instructions available at Important PBJ Action Items 02-24-2022.
- CASPER Reference & Manuals | QIES Technical Support Office

Available Assistance

- If you have questions about any of the instructions on subsequent slides, the RCS NH Policy Program Manager will be happy to walk you through each step in real time using TEAMS.

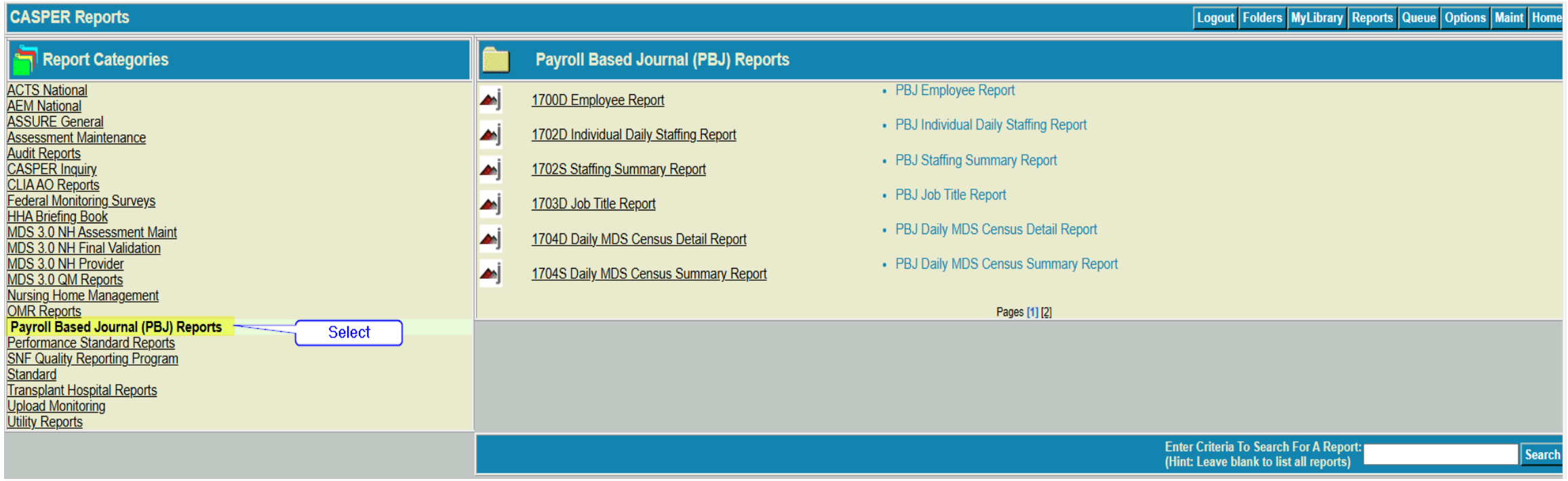
- Send an email to RCSPolicy@dshs.wa.gov with your request.

Welcome to CASPER Reporting:

Use this link to log into CASPER- QIES National System Login - CASPER Reporting (qiesnet.org).

Select “Reports”

CASPER Reports Screen



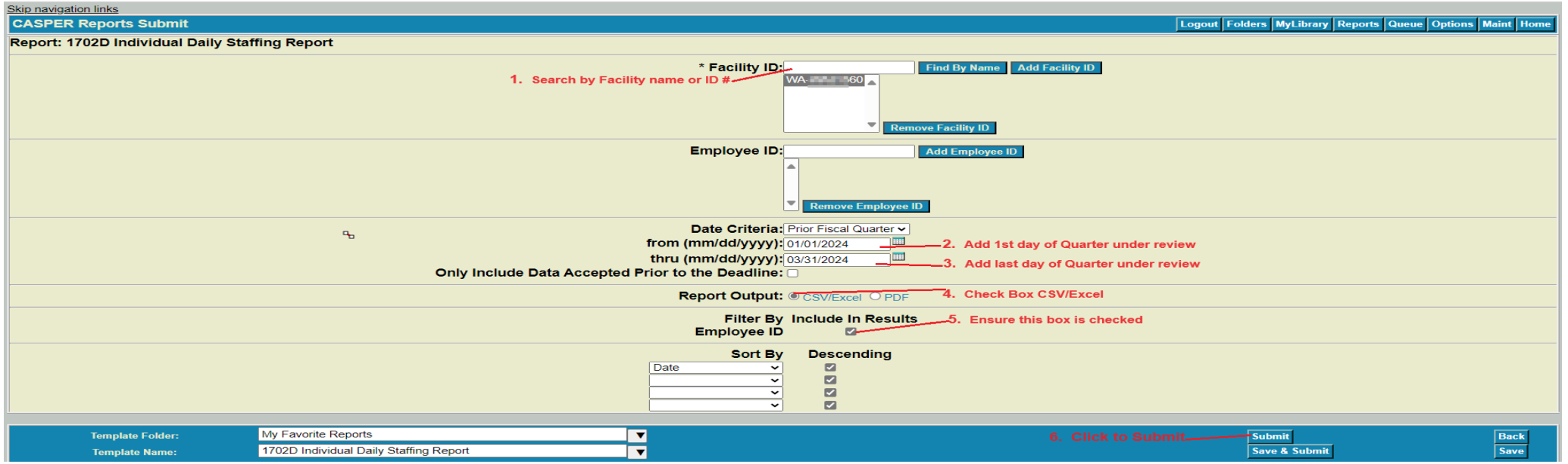
Select "Payroll Based Journal (PBJ) Reports"

Available CASPER Reports

Select the CASPER report you want to view.

Select “1702D Individual Daily Staffing Report”

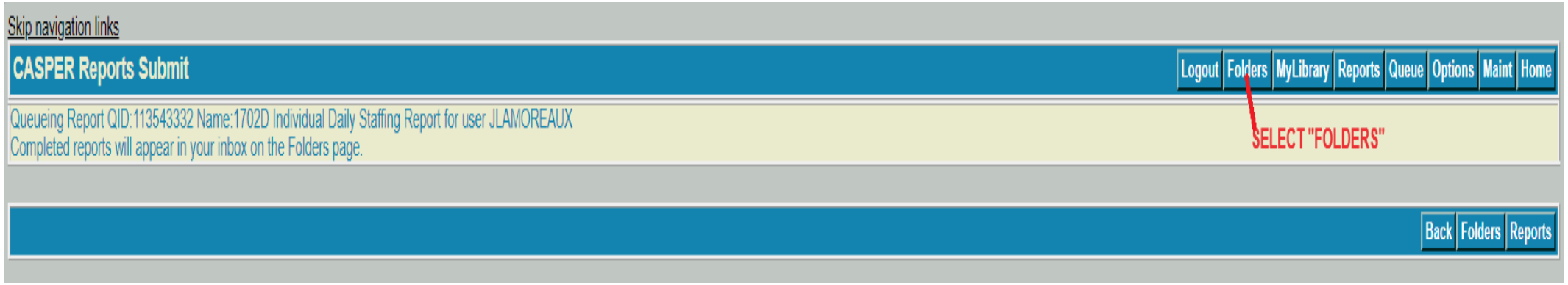
Create Report Parameters



1. Search by facility name or ID #.
2. Add the 1st day of the quarter under review.
3. Add the last day of the quarter under review.
4. Check the box labeled “CSV/Excel”.
5. Ensure box labeled “Include in Results – Employee ID” is checked.

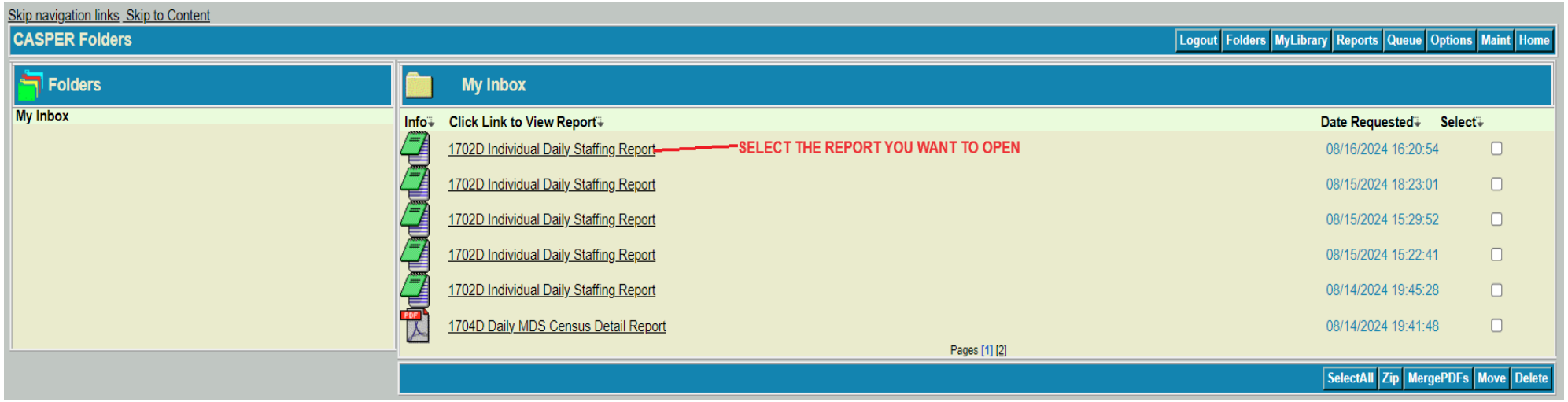
View the CASPER Report

Select “Folders” on the CASPER reports submit screen.



View the CASPER Report (Continued)

Select the report you want to view by clicking on it.

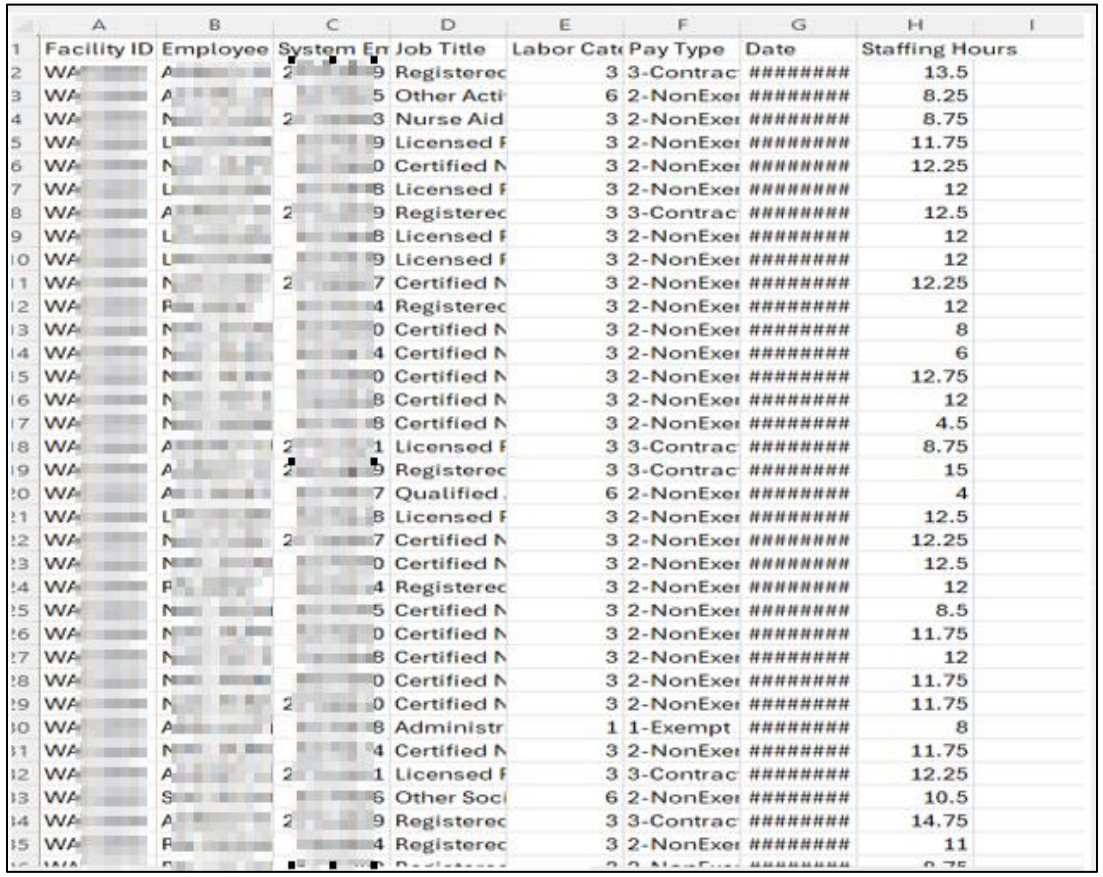


CASPER 1702D-Individual Daily Staffing Report

1. Using the instructions provided above, select CASPER "1702D Individual Daily Staffing Report" for the identified timeframe.

2. The report you receive will resemble this

3. Facilities can use this report to cross reference facility employee ID #s to PBJ System ID #s.



	A	B	C	D	E	F	G	H	I
1	Facility ID	Employee	System En	Job Title	Labor Cat	Pay Type	Date	Staffing Hours	
2	WA	A	2	9	Registerec	3	3-Contrac	########	13.5
3	WA	A		5	Other Acti	6	2-NonExer	########	8.25
4	WA	N	2	3	Nurse Aid	3	2-NonExer	########	8.75
5	WA	L		9	Licensed F	3	2-NonExer	########	11.75
6	WA	N		0	Certified N	3	2-NonExer	########	12.25
7	WA	L		8	Licensed F	3	2-NonExer	########	12
8	WA	A	2	9	Registerec	3	3-Contrac	########	12.5
9	WA	L		8	Licensed F	3	2-NonExer	########	12
10	WA	L		9	Licensed F	3	2-NonExer	########	12
11	WA	N	2	7	Certified N	3	2-NonExer	########	12.25
12	WA	R		4	Registerec	3	2-NonExer	########	12
13	WA	N		0	Certified N	3	2-NonExer	########	8
14	WA	N		4	Certified N	3	2-NonExer	########	6
15	WA	N		0	Certified N	3	2-NonExer	########	12.75
16	WA	N		8	Certified N	3	2-NonExer	########	12
17	WA	N		8	Certified N	3	2-NonExer	########	4.5
18	WA	A	2	1	Licensed F	3	3-Contrac	########	8.75
19	WA	A	2	9	Registerec	3	3-Contrac	########	15
20	WA	A		7	Qualified	6	2-NonExer	########	4
21	WA	L		8	Licensed F	3	2-NonExer	########	12.5
22	WA	N	2	7	Certified N	3	2-NonExer	########	12.25
23	WA	N		0	Certified N	3	2-NonExer	########	12.5
24	WA	R		4	Registerec	3	2-NonExer	########	12
25	WA	N		5	Certified N	3	2-NonExer	########	8.5
26	WA	N		0	Certified N	3	2-NonExer	########	11.75
27	WA	N		8	Certified N	3	2-NonExer	########	12
28	WA	N		0	Certified N	3	2-NonExer	########	11.75
29	WA	N	2	0	Certified N	3	2-NonExer	########	11.75
30	WA	A		8	Administr	1	1-Exempt	########	8
31	WA	N		4	Certified N	3	2-NonExer	########	11.75
32	WA	A	2	1	Licensed F	3	3-Contrac	########	12.25
33	WA	S		6	Other Soci	6	2-NonExer	########	10.5
34	WA	A	2	9	Registerec	3	3-Contrac	########	14.75
35	WA	R		4	Registerec	3	2-NonExer	########	11

Check Your Work

Prior to the PBJ data submission deadline, facilities should ensure CMS has received complete and accurate PBJ data for the facility by using the instructions provided above to obtain and review the following reports:

- CASPER PBJ On Demand Final File Validation Report,
- PBJ Submitter Final File Validation Report.

CASPER 1704S – Daily MDS Census Summary Report

1) Using the instructions provided above, select CASPER "1704S Daily MDS Census Summary Report" for the identified quarter. The report will look something like this:

State	Facility ID	Facility Name	City	Date	Census
WA	WA			10/01/2023	28
WA	WA			10/02/2023	29
WA	WA			10/03/2023	29
WA	WA			10/04/2023	28
WA	WA			10/05/2023	29
WA	WA			10/06/2023	27
WA	WA			10/07/2023	27
WA	WA			10/08/2023	27
WA	WA			10/09/2023	26
WA	WA			10/10/2023	27
WA	WA			10/11/2023	27
WA	WA			10/12/2023	28

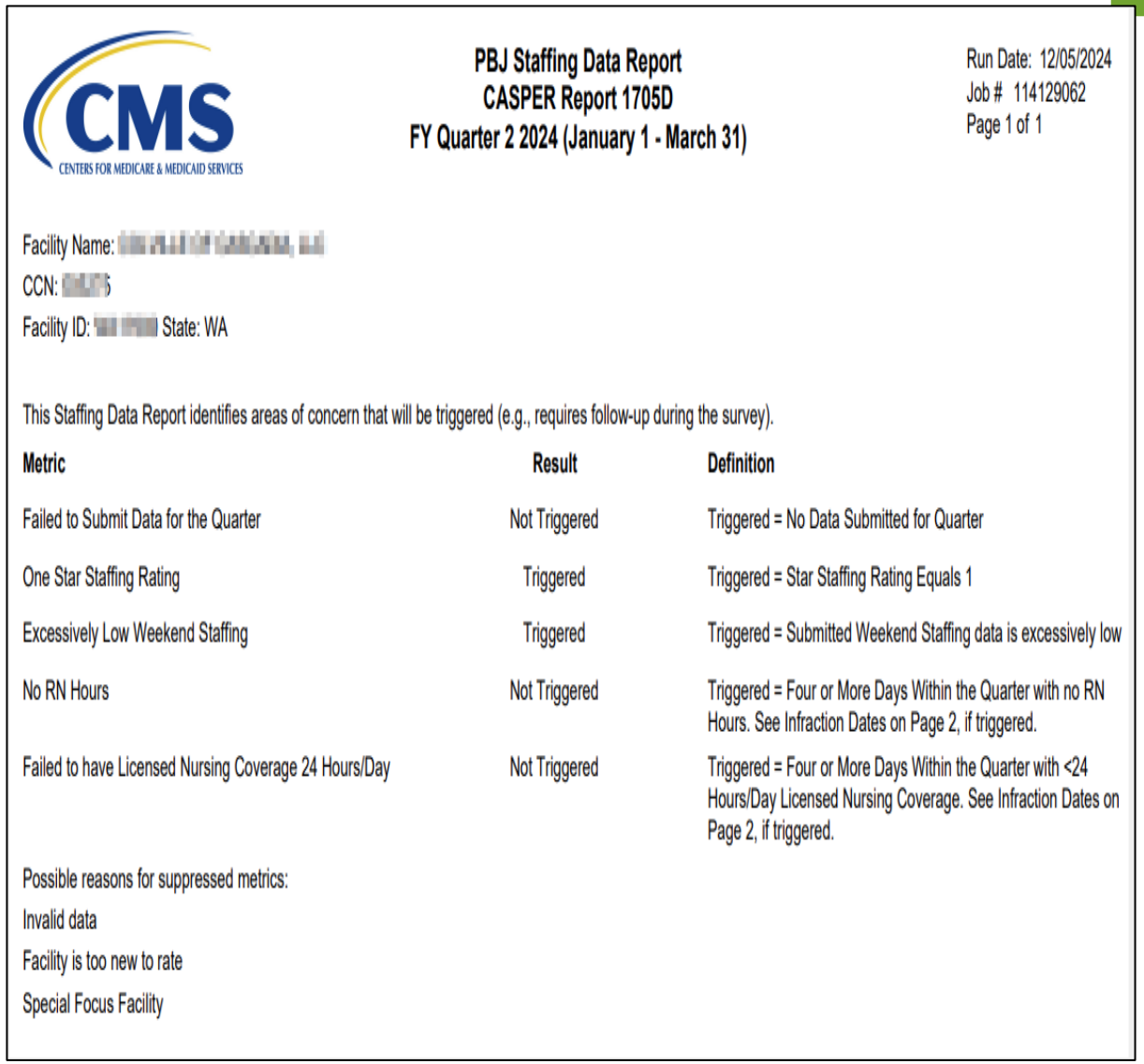
2) To obtain the total census days for the quarter under review, highlight all the #s in column, "Census" and sum. Bold and highlighted the total.

State	Facility ID	Facility Name	City	Date	Census
WA	WA			12/18/2023	28
WA	WA			12/19/2023	29
WA	WA			12/20/2023	30
WA	WA			12/21/2023	31
WA	WA			12/22/2023	32
WA	WA			12/23/2023	32
WA	WA			12/24/2023	31
WA	WA			12/25/2023	31
WA	WA			12/26/2023	30
WA	WA			12/27/2023	30
WA	WA			12/28/2023	30
WA	WA			12/29/2023	30
WA	WA			12/30/2023	30
WA	WA			12/31/2023	30
					2617

CASPER 1705D – Staffing Data Report

Using the instructions provided above, select CASPER "1705D Staffing Data report" for the identified quarter.

Information for five key metrics are captured on this report.



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

PBJ Staffing Data Report
CASPER Report 1705D
FY Quarter 2 2024 (January 1 - March 31)

Run Date: 12/05/2024
Job # 114129062
Page 1 of 1

Facility Name: [redacted]
CCN: [redacted]
Facility ID: [redacted] State: WA

This Staffing Data Report identifies areas of concern that will be triggered (e.g., requires follow-up during the survey).

Metric	Result	Definition
Failed to Submit Data for the Quarter	Not Triggered	Triggered = No Data Submitted for Quarter
One Star Staffing Rating	Triggered	Triggered = Star Staffing Rating Equals 1
Excessively Low Weekend Staffing	Triggered	Triggered = Submitted Weekend Staffing data is excessively low
No RN Hours	Not Triggered	Triggered = Four or More Days Within the Quarter with no RN Hours. See Infraction Dates on Page 2, if triggered.
Failed to have Licensed Nursing Coverage 24 Hours/Day	Not Triggered	Triggered = Four or More Days Within the Quarter with <24 Hours/Day Licensed Nursing Coverage. See Infraction Dates on Page 2, if triggered.

Possible reasons for suppressed metrics:
Invalid data
Facility is too new to rate
Special Focus Facility

CASPER Questions?

Are there any questions about accessing CASPER reports or their use?

CASPER, Question 1

A variety of CASPER reports are available for use across a range of circumstances. Which of the following CASPER reports can be used by facilities to confirm PBJ data received by CMS to date is a complete and accurate representation of the facility's direct care staffing data for the quarter under review: *(Select all that apply.)*

- ❑ 1700D Employer Report
- ❑ 1702D Individual Daily Staffing Report
- ❑ 1702S Staffing Summary Report
- ❑ 1703D Job Title Report
- ❑ 1704D Daily MDS Census Detail Report
- ❑ 1704S Daily MDS Census Summary Report
- ❑ 1705D Staffing Data Report
- ❑ PBJ On Demand Final File Validation Report
- ❑ PBJ Submitter Final File Validation Report

CASPER, Answer 1

A variety of CASPER reports are available for use across a range of circumstances. The following CASPER reports can be used by facilities to confirm PBJ data received by CMS to date is a complete and accurate representation of the facility's direct care staffing data for the quarter under review:

PBJ On Demand Final File Validation Report
PBJ Submitter Final File Validation Report

CASPER, Question 2

Which of the following CASPER reports can be used to obtain the PBJ System ID # for staff?

(Select all that apply.)

- ❑ 1700D Employer Report
- ❑ 1702D Individual Daily Staffing Report
- ❑ 1702S Staffing Summary Report
- ❑ 1703D Job Title Report
- ❑ 1704D Daily MDS Census Detail Report
- ❑ 1704S Daily MDS Census Summary Report
- ❑ 1705D Staffing Data Report
- ❑ PBJ On Demand Final File Validation Report
- ❑ PBJ Submitter Final File Validation Report

CASPER, Answer 2

The **1702D Individual Daily Staffing Report** CASPER report can be used to obtain the PBJ System ID # for staff.

1702D Individual Daily Staffing Report

WA State Guidance

Minimum Direct Care Nursing HPRD Threshold Requirements

Rules and Reminders

These rules inform the WA State minimum direct care nursing 3.4 HPRD threshold:

- RCW 74.42.360 - Adequate staff – Minimum staffing standards – Exceptions – Definition
- WAC 388-97-1090 - Direct care hours

REMINDER: The current WA State 3.4 direct care nursing HPRD threshold is the minimum required level of required nurse staffing.

CMS and WA State require that every LTC facility have staff on duty twenty-four hours daily that are sufficient in number and qualifications to carry out the policies, responsibilities, and programs of the facility.

The enhanced facility-wide assessment must be completed to determine if staffing in excess of federal and state minimum staffing standards is required to meet resident acuity and care needs.

Dear Provider Letters (DPLs)

- Dear Provider Letter NH #2024-009 –NH 3.4 HPRD minimum staffing and reporting requirements; and instructions for temporary retroactive inclusion of previously unreported hours for state Q2, Q3, and/or Q4, 2023.

- *Dear Provider Letter NH #2024-038 - Updated: Geriatric Behavioral Health Worker (GBHW) hour validation process ongoing."*

- Dear Provider Letter NH # 2024-039 – Enhanced Facility-Wide Assessment.

WA State 3.4 HPRD Calculation

With some exceptions, direct care hours completed by the following nursing positions are included in the WA State minimum direct care nursing 3.4 HPRD threshold calculation:

- RNs & RNs with administrative duties
- Director of Nursing (DON) - in facilities with 60 or fewer LTC beds
- LPNs & LPNs with administrative duties
- CNAs, Certified Medication Aides, & Certified Feeding Aides

Geriatric Behavioral Health Worker (GBHW)

- Facilities that don't meet the state minimum direct care nursing 3.4 HPRD threshold may potentially have a portion of eligible GBHW hours, completed by eligible GBHW staff, added to the HPRD threshold calculation.
- GBHW qualifications, supervision, training requirements, and procedures for submission of eligible GBHW hours are very specific.
- Statewide inaccuracies in reporting GBHW hours were identified. As a result, the policy unit is tasked with validating the eligible portion of GBHW hours, submitted by deadline, for inclusion in the state HPRD calculation.
  - *Dear Provider Letter NH #2024-038 – Updated: GBHW hour validation process ongoing.*
- Eligible GBHW hours must be submitted to rcspolicy@dshs.wa.gov prior to deadline for validation.

GBHW Rule

The following Rules provide regulatory guidance for GBHW eligibility, qualifications, specialized training, and supervision:

- RCW 74.42.010(4) – Definitions,
- RCW 74.42.360(1)(c) – Adequate staff – Minimum staffing standards – Exceptions – Definition,
- RCW 74.39A.078 – Rules for the approval of curricula for facility-based caregivers serving people with behavioral health needs and geriatric behavioral health workers – Curricula requirements,
- WAC 388-97-1090 – Direct care hours,
- Chapter 388-112B WAC – Behavioral Health Workers – Facility Based Workers – Geriatric Behavioral Health Worker Training and Curriculum Requirements.

GBHW Data Submission Deadlines

State Quarter:	Timeframe:	Deadline for submission of direct care nursing & GBHW data for quarter:
1	Jan. 1 - March 31	May 30th
2	April 1 – June 30	August 29th
3	July 1 – Sept 30	November 29th
4	Oct 1 – Dec 31	March 1st

Facility requests for validation of eligible GBHW hours, completed by eligible GBHW staff, and all required documents, must be received by the RCS Policy Unit no later than the deadline identified above.

Requests that are received after the above deadlines cannot be accepted.

GBHW Policy & Procedure Guidance

To enable the RCS Policy Unit to validate a portion of eligible hours submitted, facilities must submit all the following items:

- 1 accurately completed GBHW Information and Attestation form for each qualified staff member who provided eligible GBHW services to eligible residents as outlined in the resident's comprehensive care plan; and

- 1 accurately completed GBHW 3.4 HPRD Staffing Data and Coding spreadsheet. Must include the PBJ System ID # for each staff; and

- Employee timesheets and/or agency invoice documents for each staff, DOS, and hour submitted for validation.
- Documents must contain staff's full name, the date of service (DOS), and total hours paid, excluding mandatory lunch period.

GBHW Policy & Procedure Guidance (Continued)

For staff qualifying under RCW 74.42.360(1)(c)(i)(B), documentation must be provided for both the specialized training received and the three years of experience providing geriatric behavioral health services for individuals with chronic mental health issues, dementia, or intellectual and developmental disabilities in a long-term care or behavioral health care setting.

The policy unit may request a copy of the eligible resident's care plan for timeframe submitted and/or documentation in the resident's record of GBHW services provided on the date of service submitted.

GBHW Validation Process & Reporting

<u>The policy unit validates GBHW hours by ensuring:</u>

- Each staff for whom GBHW hours are submitted meets eligibility requirements.
- GBHW services provided meet eligibility requirements.
- Each client receiving GBHW services meets eligibility requirements.
- Hours submitted were not previously submitted to CMS PBJ under any category.
- Hours were paid directly by the nursing home.

When the GBHW hour validation process is complete, the policy sends an email to MSD/Rates with the portion of eligible GBHW hours to be included in the WA State minimum direct care nursing 3.4 HPRD calculation for the quarter under review. The facility is copied on this email.

State-Only Licensed LTC Facilities

- Facilities that are licensed by the state, but not CMS enrolled/certified, are not required to submit PBJ data to CMS.
- These facilities are required to comply with the WA State minimum direct care nursing HPRD threshold, but do not submit PBJ data to CMS.
- WA State minimum direct care nursing HPRD data must be submitted to MSD/Rates @ Melissa.Ayala@dshs.wa.gov, by deadline.
- Franke Tobey Jones is currently the only state-only licensed facility in WA State.

State Owned LTC Facilities

- LTC facilities that are owned and operated by the State of WA are required to submit complete and accurate PBJ data to CMS by deadline. However, CMS completes data audit and PBJ data is not reported to the state. If necessary, the PBJ data submitted to CMS can be reviewed using CASPER reports.

- <u>As of November 2024, the following facilities are owned and operated by WA State:</u>
  - Lakeland Village Nursing Facility,
  - Fircrest Nursing Facility,
  - Yakima Valley School.

Another Reminder

If a facility fails to meet the WA State minimum direct care nursing threshold, a citation must be issued at WAC 388-97-1090.

State Guidance Questions

Are there any questions about state guidance related to the WA State minimum direct care nursing 3.4 HPRD threshold or how it’s calculated?

State Guidance, Question 1

State owned long-term care facilities must comply with WA State minimum direct care nursing 3.4 HPRD threshold requirements.

- ❑TRUE
- ❑FALSE

State Guidance, Answer 1

The answer is **FALSE.**

State owned long-term care facilities are not required to comply with WA State minimum direct care nursing 3.4 HPRD threshold requirements.

State Guidance, Question 2

Every NH must have staff on duty twenty-four hours daily, sufficient in number and qualifications to carry out the policies, responsibilities, and programs of the facility.

Ongoing enhanced facility-wide assessment must be completed to determine if staffing in excess of state or federal minimum staffing standards is required to meet resident acuity and care needs.

❑TRUE
❑FALSE

State Guidance, Answer 2

The answer is **TRUE.**

Every NH must have staff on duty twenty-four hours daily, sufficient in number and qualifications to carry out the policies, responsibilities, and programs of the facility.

Ongoing enhanced facility-wide assessment must be completed to determine if staffing in excess of state or federal minimum staffing standards is required to meet resident acuity and care needs.

Facilities that don’t submit complete and accurate direct care nursing data to CMS

State direct care nursing HPRD threshold

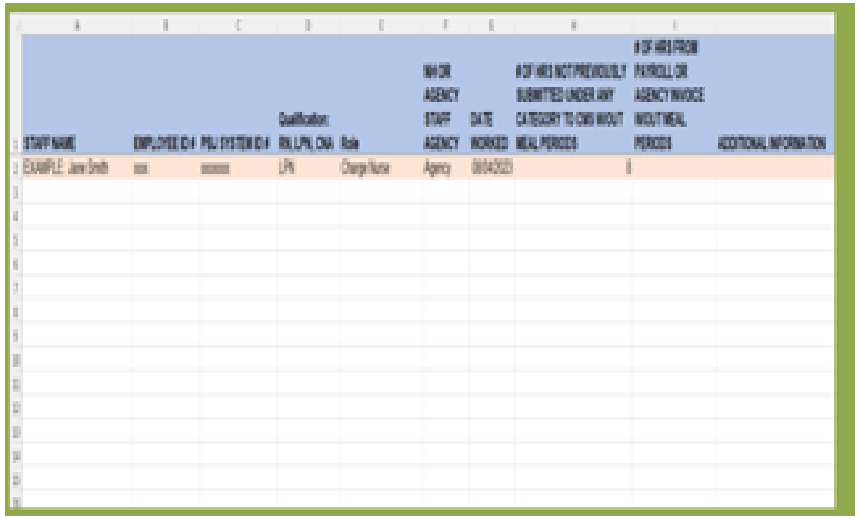
Help is Available

- If you have questions about any of the instructions on subsequent slides, the RCS NH Policy Program Manager will be happy to walk you through each step in real time using TEAMS.

- Send an email to RCSPolicy@dshs.wa.gov with your request.

Submitting Direct Care Nursing HPRD Data

A complete and accurately completed "3.4 HPRD Staffing Data" spreadsheet containing <u>all</u> direct care nursing data for the quarter under review must be submitted.



The spreadsheet must contain <u>eligible</u> hours completed by employees and agency staff in the following position categories:

- RN & RN staff w/administrative duties; and
- DON in facilities with 60 or fewer beds; and
- LPN & LPN staff w/administrative duties; and
- CNA, Cert. Medication Aid, & Cert. Feeding Aid staff.

3.4 HPRD Spreadsheet Data

The completed spreadsheet should resemble the example to the right.

- A PBJ System ID # is required for each employee and agency staff. If a PBJ System ID # has not been created, the direct care nursing hours completed by that staff cannot be included in the HPRD calculation.

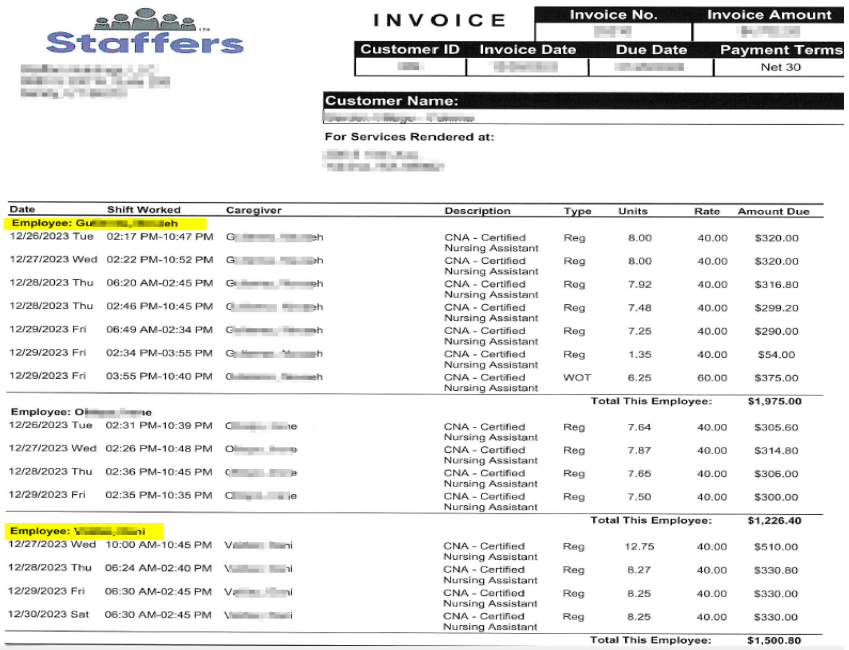
- If a PBJ System ID # has been created, but cannot be located, the facility can access CASPER report *"1702D Individual Daily Staffing Report"* for prior or subsequent quarters to obtain this information.

STAFF NAME	EMPLOYEE ID #	PBJ SYSTEM ID #	Qualification: RN, LPN, CNA	Role	NH OR AGENCY STAFF	DATE WORKED	# OF HRS NOT PREVIOUSLY SUBMITTED UNDER ANY CATEGORY TO CMS WOUT MEAL PERIODS	# OF HRS FROM PAYROLL OR AGENCY INVOICE WOUT MEAL PERIODS
Bashful Smith	1212	55555555	LPN	LPN	Agency	10/16/2023	12	
Bashful Smith	1212	55555555	LPN	LPN	Agency	11/03/2023	12	
Bashful Smith	1212	55555555	LPN	LPN	Agency	12/02/2023	15	
Bashful Smith	1212	55555555	LPN	LPN	Agency	12/24/2023	11.5	
Doc Smith	22DocSmith	11111111	RN	RN	Agency	09/01/2023	11.5	
Doc Smith	22DocSmith	11111111	RN	RN	Agency	09/02/2023	12	
Doc Smith	22DocSmith	11111111	RN	RN	Agency	09/03/2023	12	
Doc Smith	22DocSmith	11111111	RN	RN	Agency	09/15/2023	11.5	
Dopey Smith	6363	77777777	CNA-Trning	CNA-in Trning	Employee	11/04/2023	4	
Dopey Smith	6363	77777777	CNA-Trning	CNA-in Trning	Employee	11/05/2023	3.5	
Dopey Smith	6363	77777777	CNA-Trning	CNA-in Trning	Employee	11/06/2023	4	
Dopey Smith	6363	77777777	CNA-Trning	CNA-in Trning	Employee	11/07/2023	4	
Grumpy Smith	3434	22222222	CNA	Medication Aide	Employee	10/02/2023	8	
Grumpy Smith	3434	22222222	CNA	Medication Aide	Employee	10/05/2023	8	
Grumpy Smith	3434	22222222	CNA	Medication Aide	Employee	10/06/2023	8	
Grumpy Smith	3434	22222222	CNA	Medication Aide	Employee	10/07/2023	7.5	
Happy Smith	22HappySmith	33333333	CNA	CNA	Agency	09/15/2023	8	
Happy Smith	22HappySmith	33333333	CNA	CNA	Agency	09/16/2023	11.5	
Happy Smith	22HappySmith	33333333	CNA	CNA	Agency	09/23/2023	6	
Happy Smith	22HappySmith	33333333	CNA	CNA	Agency	09/24/2023	8	
Sleepy Smith	6565	44444444	RN	Director of Nursing	Employee	11/05/2023	8	
Sleepy Smith	6565	44444444	RN	Director of Nursing	Employee	11/06/2023	7.5	
Sleepy Smith	6565	44444444	RN	Director of Nursing	Employee	11/07/2023	8	
Sleepy Smith	6565	44444444	RN	Director of Nursing	Employee	11/08/2023	8	
Sneezy Smith	2121	66666666	CNA	CNA	Employee	09/04/2023	8	
Sneezy Smith	2121	66666666	CNA	CNA	Employee	09/05/2023	8	
Sneezy Smith	2121	66666666	CNA	CNA	Employee	09/06/2023	7.5	
Sneezy Smith	2121	66666666	CNA	CNA	Employee	09/06/2023	7.5	

Validating Data Against Payroll or Agency Invoice Documents

To establish the WA State direct care nursing HPRD threshold for the timeframe under review, all direct care nursing hours must be validated against detailed payroll or agency invoice documents.

LTC facilities must submit payroll and agency invoice documents upon request and each document must contain each staff's full name, date, and hours paid.



Staffers

INVOICE

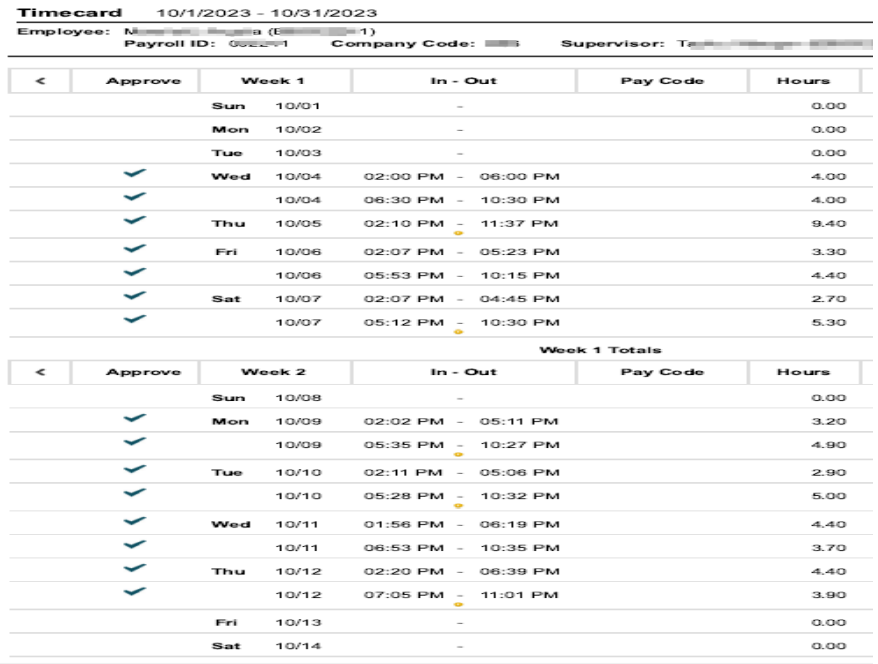
Invoice No.	Invoice Amount

Customer ID	Invoice Date	Due Date	Payment Terms
			Net 30

Customer Name:

For Services Rendered at:

Date	Shift Worked	Caregiver	Description	Type	Units	Rate	Amount Due
Employee: Gu eh							
12/26/2023 Tue	02:17 PM-10:47 PM	G eh	CNA - Certified Nursing Assistant	Reg	8.00	40.00	$320.00
12/27/2023 Wed	02:22 PM-10:52 PM	G eh	CNA - Certified Nursing Assistant	Reg	8.00	40.00	$320.00
12/28/2023 Thu	06:20 AM-02:45 PM	G eh	CNA - Certified Nursing Assistant	Reg	7.92	40.00	$316.80
12/28/2023 Thu	02:46 PM-10:45 PM	G eh	CNA - Certified Nursing Assistant	Reg	7.48	40.00	$299.20
12/29/2023 Fri	06:49 AM-02:34 PM	G eh	CNA - Certified Nursing Assistant	Reg	7.25	40.00	$290.00
12/29/2023 Fri	02:34 PM-03:55 PM	G eh	CNA - Certified Nursing Assistant	Reg	1.35	40.00	$54.00
12/29/2023 Fri	03:55 PM-10:40 PM	G eh	CNA - Certified Nursing Assistant	WOT	6.25	60.00	$375.00
					Total This Employee:		$1,975.00
Employee: O e							
12/26/2023 Tue	02:31 PM-10:39 PM	C e	CNA - Certified Nursing Assistant	Reg	7.64	40.00	$305.60
12/27/2023 Wed	02:26 PM-10:48 PM	O p	CNA - Certified Nursing Assistant	Reg	7.87	40.00	$314.80
12/28/2023 Thu	02:36 PM-10:45 PM	C e	CNA - Certified Nursing Assistant	Reg	7.65	40.00	$306.00
12/29/2023 Fri	02:35 PM-10:35 PM	C e	CNA - Certified Nursing Assistant	Reg	7.50	40.00	$300.00
					Total This Employee:		$1,226.40
Employee: V ni							
12/27/2023 Wed	10:00 AM-10:45 PM	V ni	CNA - Certified Nursing Assistant	Reg	12.75	40.00	$510.00
12/28/2023 Thu	06:24 AM-02:40 PM	V ni	CNA - Certified Nursing Assistant	Reg	8.27	40.00	$330.80
12/29/2023 Fri	06:30 AM-02:45 PM	V ni	CNA - Certified Nursing Assistant	Reg	8.25	40.00	$330.00
12/30/2023 Sat	06:30 AM-02:45 PM	V ni	CNA - Certified Nursing Assistant	Reg	8.25	40.00	$330.00
					Total This Employee:		$1,500.80



Timecard 10/1/2023 - 10/31/2023

Employee: M a (E 1)

Payroll ID: 1 Company Code: i Supervisor: T

<	Approve	Week 1		In - Out	Pay Code	Hours
		Sun	10/01	-		0.00
		Mon	10/02	-		0.00
		Tue	10/03	-		0.00
	✓	Wed	10/04	02:00 PM - 06:00 PM		4.00
	✓		10/04	06:30 PM - 10:30 PM		4.00
	✓	Thu	10/05	02:10 PM - 11:37 PM		9.40
	✓	Fri	10/06	02:07 PM - 05:23 PM		3.30
	✓		10/06	05:53 PM - 10:15 PM		4.40
	✓	Sat	10/07	02:07 PM - 04:45 PM		2.70
	✓		10/07	05:12 PM - 10:30 PM		5.30
				Week 1 Totals		

<	Approve	Week 2		In - Out	Pay Code	Hours
		Sun	10/08	-		0.00
	✓	Mon	10/09	02:02 PM - 05:11 PM		3.20
	✓		10/09	05:35 PM - 10:27 PM		4.90
	✓	Tue	10/10	02:11 PM - 05:06 PM		2.90
	✓		10/10	05:28 PM - 10:32 PM		5.00
	✓	Wed	10/11	01:56 PM - 06:19 PM		4.40
	✓		10/11	06:53 PM - 10:35 PM		3.70
	✓	Thu	10/12	02:20 PM - 06:39 PM		4.40
	✓		10/12	07:05 PM - 11:01 PM		3.90
		Fri	10/13	-		0.00
		Sat	10/14	-		0.00

Questions?

Are there any questions about establishing the WA State minimum direct care nursing 3.4 HPRD threshold or how it’s calculated?

State HPRD Threshold, Question 1

All facility hours submitted to CMS and/or WA State must be auditable against either facility payroll or agency invoice documents.

❑TRUE
❑FALSE

State HPRD Threshold, Answer 1

The answer is **TRUE**.

All facility hours submitted to CMS and/or WA State must be auditable against either facility payroll or agency invoice documents.

State HPRD Threshold, Question 2

In a LTC facility with 73 licensed beds, are the direct care hours completed by the facility's Director of Nursing (DON) included in the WA State minimum direct care nursing HPRD threshold calculation?

❑YES
❑NO

State HPRD Threshold, Answer 2

The answer is **NO.**

In a LTC facility with 73 licensed beds, the direct care hours completed by the facility's Director of Nursing (DON) are not included in the WA State minimum direct care nursing HPRD threshold calculation.

Federal and State Rule Require Periodic Audit of CMS PBJ & WA State Minimum Direct Care Nursing HPRD Data

Data Validation Rules and Processes

Periodic Data Audit

- LTC facilities are responsible for ensuring every direct care nursing hour submitted complies with all applicable federal and state Rules, policies, and procedures.
- CMS Rules, policies, and procedures are applied by RCS during the data validation process.
- Assigned RCS staff review PBJ data for overall accuracy & audit direct care nursing HPRD data against facility payroll, agency invoice, and facility census.

Timeframes & Deadlines

- Federal and State data submission deadlines are different.
- Fiscal and State quarter timeframes are different.
- **Ensure** the year and months identified in the data you are reviewing match the timeframe under review.

Fiscal Quarter:	Timeframe:	Deadline for submission of PBJ data for quarter:
1	Oct 1 – Dec 31	Submissions must be received by the end of the 45th calendar day after the last day in each fiscal quarter.
2	Jan 1 – March 31	
3	April 1 – June 30	
4	July 1 – Sept 30	

State Quarter:	Timeframe:	Deadline for submission of direct care nursing & GBHW data for quarter:
1	Jan. 1 - March 31	May 30th
2	April 1 – June 30	August 29th
3	July 1 – Sept 30	November 29th
4	Oct 1 – Dec 31	March 1st

The Data Validation Process

RCS Survey Staff will:

- During survey - Randomly select one quarter from the prior year and audit all direct care nursing data for that quarter against payroll or agency invoice documents.

RCS Complaint Investigators will:

- Audit direct care nursing HPRD data against payroll or agency documents for the timeframe identified in the CRU report.

RCS Policy Staff will:

- Randomly select a minimum of five (5) facilities each year and complete multi-quarter audit of all direct care nursing data against payroll and agency invoice documents for all identified quarters.

Data validation - Facility Requirements

To enable validation of direct care nursing HPRD data, facilities must submit each of the following, upon request, to RCS audit staff:

- If all complete and accurate PBJ data was not submitted to CMS - Submit a complete and accurately completed "3.4 HPRD Staffing Data & Coding Spreadsheet". *(See instructions provided above.)*

Data validation - Facility Requirements (Continued)

- An up-to-date list of all direct care nursing employee and agency staff, containing the following information, at minimum:
  - Full Name & identification of staff as Employee or Agency,
  - Position description/primary role (example: Director of Nursing),
  - Qualifications (example: RN, LPN, NAC),
  - Employee ID #,
  - PBJ System ID #.

- Facility payroll timecards & agency invoice documents for every staff, DOS, and hour submitted. The documents must at a minimum contain:
  - First and last name of identified staff,
  - DOS,
  - Paid hours, not including meal periods, for each DOS.

Streamline and Simplify

Facilities should create and maintain files containing, at minimum, the following items for each state quarter:

1. A list of all facility employees and agency staff containing at minimum:
    - Full Name & identification of staff as Employee or Agency,
    - Position description/primary role (example: Director of Nursing),
    - Qualifications (example: RN, LPN, NAC),
    - Employee ID #,
    - PBJ System ID #.
2. A copy of all PBJ data submitted to CMS.
3. If a request for GBHW hour validation for inclusion in the state HPRD calculation was submitted to the policy unit by deadline, a copy of the request, all supporting documentation, and outcome should be saved.
4. Direct care nursing agency invoice documents.
5. Facility payroll documents.

Data Validation Questions?

Are there any questions about the state process for periodic audit/validation of PBJ and State minimum direct care nursing HPRD data?

Data Validation, Question 1

To enable validation of direct care nursing HPRD data, facilities must submit all required materials:

A. Upon Request,
B. Within seventy-two (72) hours of request,
C. Within two (2) weeks of request,
D. When the facility has time to collect the required materials.

Data Audit, Answer 1

To enable validation of direct care nursing HPRD data, facilities must submit all required materials **UPON REQUEST**.

Available Help

RCS Policy Unit PPMs are available to answer questions and help with data audit processes.

- Internal staff submit questions, and requests for assistance to the policy unit by submitting this form: Policy Inbox Ticket - Submission Form
- External interested parties submit questions, and requests for assistance to the policy unit by sending email to rcspolicy@dshs.wa.gov.

General Questions?

Are there any questions about any of the topics covered in this training?

Thank You

Residential Care Services,
Policy Unit