

# CAHCF/CCAL

Connecticut Association of Health Care Facilities  
Connecticut Center for Assisted Living

March 4, 2020

Jean Moody-Williams, Acting Director  
Center for Clinical Standards and Quality  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Baltimore, MD 21244

Dear Director Moody-Williams,


On behalf of the Connecticut Association of Health Care Facilities (CAHCF), representing more than 140 skilled nursing facilities that care for over 22,000 residents, we are writing to respectfully request that Center for Medicare and Medicaid Services please make permanent the inclusion of schedule G in the Minimum Data Set. Section G is scheduled for removal effective October 1, 2020. I also want to associate these comments with those expressed to your office by our national affiliate, the American Health Care Association (AHCA).

The removal of Section G and replacing with Section GG in FY20 would create a significant administrative burden and provides virtually no time to assess the trickle down impact on resident care assessment and planning, patient quality measures, burdens on providers in case-mix states, and limits options for states to make needed changes.

Specifically, the elimination of Section G would create a significant administrative burden in the 28 case mix states, and those states, like Connecticut, that are interested in converting its Medicaid nursing home payment system to a case mix payment methodology. These 28 states use a version of RUGs for the case mix adjustment in their Medicaid program. Section G, and several standardized patient assessment data elements (SPADEs) items being modified on OBRA assessments are required items in the calculation of RUG scores. The proposed changes will mean that providers in states who use the RUG system in their Medicaid rate calculations will be required to complete two separate assessments, an OBRA assessment and an OSA, each time an assessment is required.

Further, the OBRA assessment items and documentation for the MDS items impacted by the SPADEs will be different than the legacy items retained in the OSA for the exact same clinical domain. This issue extends beyond Section G to GG issue in that the extra burden for providers in case mix Medicaid states will be far more if the proposed changes are made, than what the reduction in burden will be for providers in non-case mix states.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew V. Barrett". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

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cc: Michael Cheek, Senior Vice President For Reimbursement Policy, AHCA