



Oregon

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Provider Alert

Nursing Facility Providers

IM-15-26-NF

Date: October 1, 2015

From: Nursing Facility Licensing Unit

Subject: Payroll Based Journal Staffing Data System

Background

Section 6106 of the Affordable Care Act, enacted on March 23, 2010, amended section 1128(I) of the Act to incorporate specific provisions pertaining to the collection of staffing data for long term care facilities.

Section 1128(I)(g) of the Act specifies that the Secretary shall require nursing homes to electronically submit to the Secretary direct care staffing information (including information with respect to agency and contract staff) based on payroll and other verifiable and auditable data in a uniform format (according to specifications established by the Secretary in consultation with such programs, groups, and parties). Such specifications shall require that the information submitted under the preceding sentence detail the category of work a certified employee performs (such as whether the employee is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other medical personnel). The information must also include resident census data, and be reported on a regular schedule. The IMPACT Act of 2014 provided funding to implement this provision.

The Centers for Medicare & Medicaid Services (CMS) has developed a system for facilities to submit staffing and census information. This system, the Payroll-Based Journal (PBJ), will allow staffing information to be collected on a regular and more frequent basis than currently collected. It will also be auditable to ensure accuracy. All long term care facilities will have access to this system.

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CMS intends to collect staffing data through the PBJ system on a voluntary basis beginning on **October 1, 2015**, and on a mandatory basis beginning on July 1, 2016.

Website for Information on the Staffing Data Project:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>

Documents attached to this email:

- **“PBJ QTSO Registration and Training 8-4-15”**: Instructions on how to register for voluntary submission and other PBJ training information. Registration is OPEN and ALL Long-term Care facilities are encouraged to register for the voluntary submission period beginning October 1, 2015.
- **“PBJ Policy Manual DRAFT (V1.1) 8-25-15”**: The draft policy manual has been updated to reflect recent changes to submission guidelines. Changes are indicated in red text.
- **“PBJ Policy Manual FAQ 8-25-15”**: A list of frequently asked questions and answers about PBJ instructions and policies.

Questions regarding the PBJ Data Specifications should be directed to NursingHomePBJTechIssues@cms.hhs.gov. Software developers or vendors that provide services such as automated payroll or time and attendance systems that will support electronic submissions should use this address.

In an effort to serve you better, we are offering voluntary vendor registration at <https://www.qtsso.com/vendor/post.php>. This information will be used to contact you with important PBJ news, updates, and conference call information.

For general information contact the DHS Office of Licensing and Regulatory Oversight or visit the DHS Web site at www.oregon.gov/DHS/

[NF.Licensing@state.or.us](mailto:Nf.Licensing@state.or.us)

Important PBJ Action Items

Step 1: Registration (began August 4th):

Registration Training:

- PBJ Training Modules for an introduction to the PBJ system and step by step registration instruction are available on QTSO e-University, select the PBJ option. (<https://www.qtso.com/webex/qiesclasses.php>)

Registration:

- Obtain a CMSNet User ID for PBJ Individual, Corporate and Third Party users, if you don't already have one for other QIES applications. (<https://www.qtso.com/cmsnet.html>)
- Obtain a PBJ QIES Provider ID for CASPER Reporting and PBJ system access. Registration will be available beginning Aug. 4th. (https://mds.qiesnet.org/mds_home.html)
- PBJ Corporate and Third-Parties must use the current form based process to register for a QIES ID. Registration forms are available under the Access Request Information / Forms section on the right side of the page. (<https://www.qtso.com/>)

Step 2: Voluntary Data Submission begins October 1st:

Data Submission Training:

- PBJ Training Modules for the CASPER Reporting and PBJ systems will be available on September 25, 2015, on QTSO e-University, select the PBJ option. (<https://www.qtso.com/webex/qiesclasses.php>)

Data Submission:

- The CASPER Reporting and PBJ systems will be available on October 1, 2015. A user will be able to submit XML files or manually enter staffing and census data for work performed on or after October 1, 2015. (https://mds.qiesnet.org/mds_home.html)

Other Resources:

- Staffing Data Submission – PBJ Website: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>
- We will communicate information about PBJ through the Skilled Nursing Facilities/Long-Term Care Open Door Forum. More information can be found at https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODF_SNFLTC.html.
- Vendors may register for email alerts through our vendor Listserv. This information will be used to contact you with important news, updates, and conference call information (<https://www.qtso.com/vendor/post.php>).



**Centers for Medicare &
Medicaid Services**

**Electronic Staffing Data Submission
Payroll-Based Journal
Long-Term Care Facility
Policy Manual**

Version 1.1

August 2015

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Note: Changes from the previous version of this policy manual are identified in red.

CHAPTER 1: Overview

1.1 Introduction

The Centers for Medicare and Medicaid Services (CMS) has long identified staffing as one of the vital components of a nursing home's ability to provide quality care. Over time, CMS has utilized staffing data for a myriad of purposes in an effort to more accurately and effectively gauge its impact on quality of care in nursing homes. Staffing information is also posted on the *CMS Nursing Home Compare* website, and it is used in the *Nursing Home Five Star Quality Rating System* to help consumers understand the level and differences of staffing in nursing homes.

Section 6106 of the Affordable Care Act requires facilities to electronically submit 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 not only report on the level of staff in each nursing home, but also to report on employee turnover and tenure, which can impact the quality of care delivered.

A final rule implementing the requirement for long-term care facilities to submit staffing data was published August 4, 2015. This rule amended 42 CFR §483.75 by adding the following section:

(u) Mandatory submission of staffing information based on payroll data in a uniform format. 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.

(1) 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).

(2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following:

- (i) 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, or other type of medical personnel as specified by CMS);
- (ii) Resident census data; and
- (iii) Information on direct care staff turnover and tenure, and on 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).

(3) Distinguishing employee from agency and contract staff. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency.

(4) Data format. The facility must submit direct care staffing information in the uniform format specified by CMS.

(5) Submission schedule. The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly.

For more information, please see

<https://www.federalregister.gov/articles/2015/08/04/2015-18950/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>

Therefore, CMS has developed a system for facilities to submit staffing and census information – Payroll-Based Journal (PBJ). This system will allow staffing information to be collected on a regular and more frequent basis than currently collected. It will also be auditable to ensure accuracy.

This document provides basic information to be used for submitting staffing and census information through the PBJ system. Questions about this manual can be submitted to NHstaffing@cms.hhs.gov. There are additional materials that provide technical specifications and instructions on how to submit data manually or upload automatically from a payroll or time and attendance system. Information about where to find these materials is found below in section 1.4.

1.2 Submission Timeliness and Accuracy

Direct care staffing and census data will be collected quarterly, and is required to be timely and accurate. Please refer to Table 1 for a complete list of direct care staff that must be included.

Report Quarter: Staffing and census data will be collected for each fiscal quarter. Staffing data includes the number of hours worked by each staff member each day within a quarter. Census data includes the facility's census on the last day of each of the three months in a quarter. The fiscal quarters are as follows:

Fiscal Quarter	Date Range
1	October 1 – December 31
2	January 1 – March 31
3	April 1 – June 30
4	July 1 – September 30

Deadline: Submissions must be received by the end of the 45th calendar day (11:59 PM Eastern Standard Time) after the last day in each fiscal quarter in order to be considered timely. Facilities may enter and submit data at any frequency throughout a quarter. The last accepted submission received before the deadline will be considered the facility's final submission. Facilities may view their data submitted through Certification and Survey Provider Enhanced Reports (CASPER) and via the PBJ Online System. Note: The PBJ system will accept submissions after the deadline. However, these submissions will not be considered timely and will not be used to calculate a facility's staffing measures.

Accuracy: Staffing information is required to be an accurate and complete submission of a facility's staffing records. CMS will conduct audits to assess a facility's compliance related to this requirement.

Facilities that do not meet these requirements will be considered noncompliant and subject to enforcement actions by CMS. Note: If a facility uses a vendor to submit information on behalf of the nursing home, the nursing home is still ultimately responsible for meeting all the requirements.

1.3 Registration

Submission of staffing information through PBJ will be accessed through the Quality Improvement & Evaluation System (QIES). To connect to PBJ through QIES you must

have a CMSnet user ID. Most long term care facilities will already have connectivity to QIES and CMSNet through submitting minimum data set (MDS) or other CMS data.

Individuals at facilities, vendors (e.g., payroll vendors), and/or corporate staff will need to register to submit data into the PBJ system. This is very similar to the process that has been in place with MDS data for years, and was recently updated to support both electronic plan of correct (ePOC) and hospice data submissions.

Registration for the PBJ system through QIES will begin in August 2015 for facilities that will submit data on a voluntary basis starting October 1, 2015 only. Please visit the following websites for more information:

- <https://www.qtso.com/cmsnet.html>
- https://mds.qiesnet.org/mds_home.html
- <https://www.qtso.com/webex/qiesclasses.php>

1.4 Methods of Submission

The PBJ system has been designed to accept two primary submission methods – 1) Manual data entry, and 2) Uploaded data from an automated payroll or time and attendance system (XML format only). In addition, users can use both methods, or combinations of these methods, for submitting data as needed or desired.

- 1) Entering information manually will require an individual(s) at a facility to key in information about employees, hours worked, and census information directly into the PBJ User Interface. The system has been designed to be user-friendly and intuitively guide users to successfully complete the process. Sample screens of the user interface are included below.
- 2) Uploading data directly from an automated payroll or time and attendance system will function very similarly to how MDS data are submitted currently. The data will be required to meet very specific technical specifications in order to be successfully submitted. These requirements can be found at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>. Additionally, technical questions from vendors or software developers related to the PBJ Data Submission Specifications should be sent to: NursingHomePBJTechIssues@cms.hhs.gov.

CHAPTER 2: Definitions

2.1 Employee Record

Figure 1: Sample Employee Entry Screen

The screenshot displays the 'Add New Employee' form within the CMS Payroll Based Journal interface. The form includes the following fields and controls:

- Facility:** A dropdown menu with a required field indicator (*).
- Employee ID:** A text input field with a required field indicator (*).
- Hire Date:** A date selection field with a required field indicator (*).
- Termination Date:** A date selection field.
- Pay Type Code:** A dropdown menu with a required field indicator (*).

At the bottom of the form, there are two buttons: 'SAVE NEW EMPLOYEE' and 'CANCEL'. The footer of the page contains the text: 'Developed under contract with the Centers for Medicare & Medicaid Services (CMS). Accessibility Policy'.

a) Employee ID

All staff (direct employees and contract staff) must be entered into the system by assigning each staff member an Employee ID. Employee names and any personally identifiable information (PII) will not be stored in the system. The ID must be a unique identifier and not duplicated with any other current or previous staff. This ID should also not contain any PII, such as a Social Security Number (SSN).

For example (employee named Dylan Smith):

Employee ID: 54bgs714
 Hire Date: June 20, 2013
 Termination Date: February 19, 2016

No other staff can be assigned the Employee ID of 54bgs714. Also, Dylan's ID should not change during his employment. However, if the facility or provider's business process or system allows for reuse of an employee ID, when an individual leaves (terminated) and then returns to valid employment, the previous ID can be reused.

b) Hire Date

The first date of a staff member's employment and is paid for services delivered, either through direct employment or under contract. For contract staff, the start date is the first date worked and billed for at the facility.

c) Termination date

The last date a staff member's employment and is paid for services delivered, either through direct employment or under contract. For contract staff, the end date is the last date the facility or the agency communicates that the contract individual will no longer be providing services at that facility (either voluntary or involuntary). If unsure, do not fill in an end date.

d) Pay Type Code

Classification of whether the staff member is a direct employee of the facility (exempt or non-exempt), or employed under contract paid by the facility.

Employees whose jobs are governed by the Fair Labor Standards Act (FLSA) are either "exempt" or "nonexempt." Non-exempt employees are entitled to overtime pay. Exempt employees are not.

Contract staff includes individuals under contract (e.g., a contracted physical therapist) as well as individuals who provide services through organizations that are under contract (e.g., an agency to provide nurses).

NOTE: Only staff that meet these criteria are to be recorded. For example, physicians that are salaried by the facility should be recorded. Whereas physicians who provide services to many residents in a facility, but bill Medicare directly, should not.

Pay Type Code	Pay Type Description
1	Exempt
2	Non-Exempt
3	Contract

2.2 Staffing Hours Record

Figure 2: Sample Staffing Hours Entry Screen

a) Work Day, Date

The day and date associated with the number of hours worked.

b) Hours

Facilities must submit the number of hours each staff member (including agency and contract staff) is paid to deliver services for each day worked. Do not count hours paid for any type of leave or non-work related absence from the facility or for any unpaid overtime. For example, if a salaried employee works 10 hours but is only paid for 8 hours, only 8 hours should be reported.

Reporting should be based on the employee's primary role and their official categorical title (for example, as indicated in a Human Resources system). It is understood that most roles have a variety of non-primary duties that are conducted throughout the day (e.g., helping out others when needed). Facilities should still report just the total hours of that employee based on their primary role.

For medical directors, CMS understands it may be difficult to identify the exact hours a physician spends performing medical director activities versus primary care activities. Data reported should be auditable and able to be verified through either payroll, invoices, and/or tied back to a contract. Facilities must use a reasonable methodology for calculating and reporting the number of hours spent on site conducting primary responsibilities. For example, if a medical director is contracted for a certain fee (e.g., per month) to participate in Quality Improvement meetings and review a certain number of medical records each month, the facility should have a reasonable methodology for converting those activities into the number of hours paid to work.

For consultants, data reported should be auditable and able to be verified through either payroll, invoices, and/or tied back to a contract. We understand it may be difficult to identify the exact hours a specialist contractor (e.g., non-agency nursing staff) is onsite. However, there should be some expectation of accountability for services provided. Facilities must use a reasonable methodology for calculating and reporting the number of hours spent on site conducting primary responsibilities, based on payments made for those services. Reminder: Hours for services performed that are billed to FFS Medicare or other payer, should not be reported. For example, physician visits to residents, hospice staff, or private duty nurses hours should not be reported.

Facilities need to report the hours that are allocated to the SNF/NF residents and should not include hours for staff providing services to residents in non-certified beds. For example, for hospital-based facilities or assisted living communities that share staff with the nursing home, only those hours of the staff that are dedicated to the residents of the nursing home shall be reported.

c) Job Title Code

A code identifying the CMS defined Job Title(s) that matches the role(s) of the staff member for the associated number of hours that the role(s) was performed (see Table 1).

d) Labor Category Code

A code identifying the CMS defined labor category groupings of associated Job Titles (see Table 1). Note: the Labor Category Code is not needed for electronic uploads; only the Job Title Code is needed.

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2.3 Labor and Job Codes and Descriptions

Table 1 below provides the labor code, job code, and a description of the services associated with each type of staff to be recorded in the PBJ system.

Table 1: Labor and Job Codes and Descriptions

Labor Category Code	Job Title Code	Labor Description	Job Description	Description of Services
1	1	Administration Services	Administrator	The administrative staff responsible for facility management such as the administrator, assistant administrator, and other staff in the individual departments who do not perform services described below. Do not include the food service supervisor, housekeeping services supervisor, or facility engineer.
2	2	Physician Services	Medical Director	A physician designated as responsible for implementation of resident care policies and coordination of medical care in the facility in accordance with 483.75(i).
2	3	Physician Services	Other Physician	A salaried physician, other than the medical director, who supervises the care of residents when the attending physician is unavailable, and/or a physician(s) available to provide emergency services 24 hours a day.
2	4	Physician Services	Physician Assistant	A graduate of an accredited educational program for physician assistants who provides healthcare services typically performed by a physician, under the supervision of a physician.
3	5	Nursing Services	Registered Nurse Director of Nursing	Professional registered nurse(s) administratively responsible for managing and supervising nursing services within the facility. Do not additionally reflect these hours in any other category.
3	6	Nursing Services	Registered Nurse with Administrative Duties	Nurses (RN) who, as either a facility employee or contractor, perform the Resident Assessment Instrument function in the facility and do not perform direct care functions. Also include other RNs whose principal duties are spent conducting administrative functions. For example, the Assistant Director of Nursing is conducting educational/in-service. Facilities with an RN waiver who do not have an RN as DON report all administrative nursing hours in this category.

3	7	Nursing Services	Registered Nurse	Those persons licensed to practice as registered nurses in the State where the facility is located. Includes geriatric nurse practitioners and clinical nurse specialists who primarily perform nursing, not physician-delegated tasks. Do not include Registered Nurses' hours reported elsewhere.
3	8	Nursing Services	Licensed Practical/Vocational Nurse with Administrative Duties	Those persons licensed to practice as licensed practical/vocational nurses in the State where the facility is located, and do not perform direct care functions. Also include other nurses whose principal duties are spent conducting administrative functions. For example, the LPN Charge Nurse is conducting educational/in-service, or other duties which are not considered to be direct care giving.
3	9	Nursing Services	Licensed Practical/Vocational Nurse	Those persons licensed to practice as licensed practical/vocational nurses in the State where the facility is located. Do not include those hours of LPN/LVNs reported elsewhere.
3	10	Nursing Services	Certified Nurse Aide	Individuals who have completed a State approved training and competency evaluation program, or competency evaluation program approved by the State, or have been determined competent as provided in 483.150 and who are providing nursing or nursing-related services to residents. Do not include volunteers.
3	11	Nursing Services	Nurse Aide in Training	Individuals who are in the first 4 months of employment and who are receiving training in a State approved Nurse Aide training and competency evaluation program and are providing nursing or nursing-related services for which they have been trained and are under the supervision of a licensed or registered nurse. Do not include volunteers.
3	12	Nursing Services	Medication Aide/Technician	Individuals, other than a licensed professional, who fulfill the State requirement for approval to administer medications to residents.
2	13	Nursing Services	Nurse Practitioner	A registered nurse with specialized graduate education who is licensed by the state to diagnose and treat illness, independently or as part of a healthcare team.
3	14	Nursing Services	Clinical Nurse Specialist	A registered nurse with specialized graduate education who provides advanced nursing care.
4	15	Pharmacy Services	Pharmacist	The licensed pharmacist(s) who a facility is required to use for various purposes, including providing consultation on pharmacy services, establishing a system of records of controlled drugs, overseeing records and reconciling controlled drugs, and/or performing a monthly drug regimen review for each resident.

5	16 Dietary services	Dietitian	A person(s), employed full, part-time or on a consultant basis, who is either registered by the Commission of Dietetic Registration of the American Dietetic Association, or is qualified to be a dietitian on the basis of experience in identification of dietary needs, planning and implementation of dietary programs.
5	17 Dietary services	Paid Feeding Assistant	Person who meets the requirements specified in C.F.R. Section 483.35(h)(2) and who is paid to feed residents by a facility, or who is used under an arrangement with another agency or organization. Paid feeding assistants can only feed residents who do not have complicated feeding problems that would require the training of a nurse or nurse aide. Paid feeding assistants must not feed any residents with complicated feeding problems or perform any other nursing or nursing-related tasks.
6	18 Therapeutic Services	Occupational Therapist	Persons licensed/registered as occupational therapists according to State law in the State in which the facility is located. Include OTs who spend less than 50 percent of their time as activities therapists.
6	19 Therapeutic Services	Occupational Therapy Assistant	Person(s) who, in accord with State law, have licenses/certification and specialized training to assist a licensed/certified/registered Occupational Therapist (OT) to carry out the OT's comprehensive plan of care, without the direct supervision of the therapist. Include OT Assistants who spend less than 50 percent of their time as Activities Therapists.
6	20 Therapeutic Services	Occupational Therapy Aide	Person(s) who have specialized training to assist an OT to carry out the OT's comprehensive plan of care under the direct supervision of the therapist, in accord with State law.
6	21 Therapeutic Services	Physical Therapist	Persons licensed/registered as physical therapists, according to State law where the facility is located.
6	22 Therapeutic Services	Physical Therapy Assistant	Person(s) who, in accord with State law, have licenses/certification and specialized training to assist a licensed/certified/registered Physical Therapist (PT) to carry out the PT's comprehensive plan of care, without the direct supervision of the PT.
6	23 Therapeutic Services	Physical Therapy Aide	Person(s) who have specialized training to assist a PT to carry out the PT's comprehensive plan of care under the direct supervision of the therapist, in accordance with State law.
6	24 Therapeutic Services	Respiratory Therapist	Persons(s) who are licensed under state law (except in Alaska) as respiratory therapists.

6	25	Therapeutic Services	Respiratory Therapy Technician	Person(s) who provide respiratory care under the direction of respiratory therapists and physicians
6	26	Therapeutic Services	Speech/Language Pathologist	Persons licensed/registered, according to State law where the facility is located, to provide speech therapy and related services (e.g., teaching a resident to swallow).
6	27	Therapeutic Services	Therapeutic Recreation Specialist	Person(s) who, in accordance with State law, are licensed/registered and are eligible for certification as a therapeutic recreation specialist by a recognized accrediting body.
6	28	Therapeutic Services	Qualified Activities Professional	Person(s) who meet the definition of activities professional at 483.15(f)(2)(i)(A) and (B) or 483.15(f)(2)(ii) or (iii) or (iv) and who are providing an on-going program of activities designed to meet residents' interests and physical, mental or psychosocial needs. Do not include hours reported as Therapeutic Recreation Specialist, Occupational Therapist, OT Assistant, or other categories listed above.
6	29	Therapeutic Services	Other Activities Staff	Persons providing an on-going program of activities designed to meet residents' needs and interests. Do not include volunteers or hours reported elsewhere.
6	30	Therapeutic Services	Qualified Social Worker	Person licensed to practice social work in the State where the facility is located, or if licensure is not required, persons with a bachelor's degree in social work, a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling and psychology, and one year of supervised social work experience in a health care setting working directly with elderly individuals.
6	31	Therapeutic Services	Other Social Worker	Person(s) other than the qualified social worker who are involved in providing medical social services to residents. Do not include volunteers.
7	32	Dental Services	Dentist	Persons licensed as dentists, according to State law where the facility is located, to provide routine and emergency dental services.
8	33	Podiatry Services	Podiatrist	Persons licensed/registered as podiatrists, according to State law where the facility is located, to provide podiatric care.

9		34 Mental Health Services	Mental Health Service Worker	<p>Staff (excluding those included under therapeutic services) who provide programs of services targeted to residents' mental, emotional, psychological, or psychiatric well-being and which are intended to:</p> <ul style="list-style-type: none"> • Diagnose, describe, or evaluate a resident's mental or emotional status; • Prevent deviations from mental or emotional well-being from developing; or • Treat the resident according to a planned regimen to assist him/her in regaining, maintaining, or increasing emotional abilities to function. <p>Among the specific services included are psychotherapy and counseling, and administration and monitoring of psychotropic medications targeted to a psychiatric diagnosis.</p>
10		35 Vocational Services	Vocational Service Worker	<p>Evaluation and training aimed at assisting the resident to enter, re-enter, or maintain employment in the labor force, including training for jobs in integrated settings (i.e., those which have both disabled and nondisabled workers) as well as in special settings such as sheltered workshops.</p>
11		36 Clinical Laboratory Services	Clinical Laboratory Service Worker	<p>Entities that provide laboratory services and are approved by Medicare as independent laboratories or hospitals.</p>
12		37 Diagnostic X-ray Services	Diagnostic X-ray Service Worker	<p>Radiology services, ordered by a physician, for diagnosis of a disease or other medical condition.</p>
13		38 Administration & Storage of Blood Services	Blood Service Worker (NOT REQUIRED/OPTIONAL)	<p>Blood bank and transfusion services.</p>
14		39 Housekeeping Services	Housekeeping Service Worker (NOT REQUIRED/OPTIONAL)	<p>Services, including those of the maintenance department, necessary to maintain the environment. Includes equipment kept in a clean, safe, functioning and sanitary condition. Includes housekeeping services supervisor and facility engineer.</p>
15		40 Other Services	Other Service Worker (NOT REQUIRED/OPTIONAL)	<p>Record total hours worked for all personnel not already recorded (For example, librarian).</p>

2.4 Census Record

Figure 3: Sample Census Data Entry Screen

Manual Census Data Entry

Facility: * DEW001 - DEW01 - DUMMY FACILITY

Fiscal Quarter: * Q2 (Jan 1st 2015 - Mar 31st 2015)

Census Records

Q2 (January 1, 2015 - March 31, 2015)

Date of Census	Medicare Census	Medicaid Census	Other Census	Total Census
January 31, 2015	200	150	330	680
February 28, 2015	200	150	332	682
March 31, 2015				

SAVE CHANGES

This website was developed under contract with the Centers for Medicare & Medicaid Services (CMS)

a) **Month End Date:**

Facilities must enter the resident census for the categories below for the last date of each month. For facilities entering census data manually, the Payroll Based Journal system will list the last date of each month for facilities to enter the associated census. Facilities uploading data from another system will need to adhere to the requirements in the technical specifications. As with the staffing data (chapter 1.2 of this manual), the census information must be electronically uploaded or manually entered by the end of the 45th calendar day (11:59 PM Eastern Standard Time) after the last day in each fiscal quarter in order to be considered timely.

b) **Medicaid:** Number of residents whose primary payer is Medicaid.

c) **Medicare:** Number of residents whose primary payer is Medicare.

d) **Other:** Number of residents whose primary payer is neither Medicaid or Medicare.

Electronic Staffing Data Submission Payroll-Based Journal (PBJ) System
Data Submission Frequently Asked Questions

Q1: Are facilities required to report hours paid or hours worked?

A: Facilities (SNF/NF) will report hours paid for services performed onsite for the residents of the facility, with the exception of paid time off (e.g., vacation, sick leave, etc.). For example, if a salaried employee works 10 hours but is only paid for 8 hours, only 8 hours should be reported.

Q2: Can you please provide clarification of “direct care staff” as it relates to the PBJ staffing submission?

A: 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). Please refer to Table 1 in the Policy Manual for a complete list of direct care staff that should be included.

Q3: How are we expected to report for staff who perform different roles or duties throughout their day? For example, a Director of Nursing (DON) who comes in and does administrative work for a couple of hours, and then provides some direct care to residents because of an acute change in condition.

A: Reporting should be based on the employee’s primary role and their official categorical title (for example, as indicated in a Human Resources system). It is understood that most roles have a variety of non-primary duties that are conducted throughout the day (e.g., helping out when needed). Facilities should still report just the total hours of that employee based on their primary role.

Q4: How do we report the hours for a Medical Director who spends the entire day in the building, but some of that time is spent conducting Medical Director responsibilities and some is spent seeing residents as an attending physician?

A: CMS understands it may be difficult to identify the exact hours a physician spends performing medical director activities versus primary care activities. Data reported should be auditable and able to be verified through either payroll, invoices, and/or tied back to a contract. Facilities must use a reasonable methodology for calculating and reporting the number of hours spent on site conducting primary responsibilities. For example, if a medical director is contracted for a certain fee (e.g., per month) to participate in Quality Improvement meetings and review a certain number of medical records each month, the facility should have a reasonable methodology for converting those activities into the number of hours paid to work.

Q5: Our physicians, therapy, respiratory, pharmacy, dietary, and contract staff also provide these services to all of our Nursing Homes, but we don't know exactly when they are in any one center. How do we report their hours?

A: Data reported should be auditable and able to be verified through either payroll, invoices, and/or tied back to a contract. We understand it may be difficult to identify the exact hours a specialist contractor (e.g., non-agency nursing staff) is in-house. However, there should be some expectation of accountability for services provided. Facilities must use a reasonable methodology for calculating and reporting the number of hours spent on site conducting primary responsibilities, based on payments made for those services. Reminder: Hours for services performed that are billed to FFS Medicare or other payer, should not be reported. For example, physician visits to residents, hospice staff, or private duty nurses hours should not be reported.

Q6: Some of our staff provide services throughout the acute care hospital in which we are located and which is owned by the same entity. The hours they work are not solely dedicated to our nursing home unit. How would you suggest we track these hours as the staff may be on and off the unit throughout the day?

A: Facilities will need to report the hours that are allocated to the SNF/NF residents and should not include hours for staff providing services to residents in non-certified beds.

Q7: Are we required to submit hours for contract staff? If so, please outline how hours for contract staff who are not in our payroll system or time and attendance system are to be submitted.

A: Yes, contract staff hours are required to be reported. Facilities have several options for including contract hours including the examples listed below:

1. Facilities can include contract staff hours in their attendance system (e.g., have contractors "swipe in and out"), or enter contractor hours manually through the PBJ online data entry process.
2. Facilities can have the contract staff enter hours as a designee of the facility in the PBJ system.
3. The vendor can provide the facility with an XML file that meets the technical specifications, and the files can be uploaded and merged.

Q8: For employee reporting, do we have to track hire and termination date for contracted staff? The contracting agencies generally do not share this information with the facility. This applies to contract (agency) nursing staff, but also other types of staff. For example, we have a contract with a vendor for mobile x-rays, who sends a different technician several times per week so we are unaware of the technician's end date.

A: For contract staff, the start date is the first date worked and billed for at the facility, and the end date is the last date the facility or the agency communicates that the contract individual will no longer be providing services at that facility (either voluntary or involuntary). If unsure, do not fill in an end date. For example, if an agency nurse was hired by their nurse employment agency on 3/1/2015, but didn't start working at the nursing home until 5/15/2015, then 5/15/2015 would be that agency nurse's start date for that nursing home. If the nursing home told the nurse's employment agency that they did not want that particular nurse to return to their facility after 7/1/2015, the facility would use the end date of 7/1/2015, even though that nurse may continue to be employed by that employment agency past that date (and perform services at unrelated facilities). Reminder: Hours for services performed that are billed to FFS Medicare or other payer, should not be reported. For example, physician visits to residents, hospice staff, or private duty nurses hours should not be reported.

Q9: How does collecting the census on the last day of the month equate with the daily staffing data reported?

A: Based on feedback from providers who participated in a pilot (and in the interest of reducing provider burden), we are only collecting census data for the last day of each month. We understand that this could have implications for quality measures for public reporting. At this time, providers should focus on the submission of accurate data. We will communicate quality measure information in advance of public reporting.

Q10: If someone from corporate is at my facility performing activities that fit into one of the job categories as defined in Table 1, then their hours could be included? If yes, does the corporate person need to be on facility's payroll?

A: If someone from the corporate office is in the facility and is performing duties involving resident care, the hours spent performing that care can be reported, even though the person may be paid through the corporate payroll, rather than the facility's. This would include instances when a corporate nurse is filling in for the Director of Nursing when she/he is on vacation. However, you should not include hours that a corporate nurse spends onsite performing monitoring tasks at the facility or helping the facility prepare for a survey.

Q11: How should facilities report hours for staff who are attending training? For example, a CNA might work in the morning for 4 hours with residents and then have 3 hours of in-service training in the afternoon.

A: If the direct care staff (e.g. CNA) attending training (either onsite or offsite) is not available to provide resident care, the hours that the nurse is in training should not be reported. If another staff member is called in to fill in for a nurse that is away for training, the hours for the called-in nurse should be submitted. However, the hours for the nurse in training may not be submitted.

Q12: Is there additional guidance CMS can provide regarding the reporting of Part-Time or Full-Time status?

A: CMS no longer requires facilities to submit information on the Part-Time or Full-Time status of staff. These fields have been removed from the system and the technical specifications.

Q13: How can I register to submit data on a voluntary basis beginning on October 1, 2015?

A: Please view the following information:

Registration Training:

- PBJ Training Modules for an introduction to the PBJ system and step by step registration instruction are available on QTSO e-University, select the PBJ option. (<https://www.qtso.com/webex/qiesclasses.php>)

Registration:

- Obtain a CMSNet User ID for PBJ Individual, Corporate and Third Party users, if you don't already have one for other QIES applications. (<https://www.qtso.com/cmsnet.html>)
- Obtain a PBJ QIES Provider ID for CASPER Reporting and PBJ system access. Registration will be available beginning Aug. 4th. (https://mds.qiesnet.org/mds_home.html)
- PBJ Corporate and Third-Parties must use the current form based process to register for a QIES ID. Registration forms are available under the Access Request Information / Forms section on the right side of the page. (<https://www.qtso.com/>)

Q14: How will the data submitted during the voluntary submission period be used?

A: The voluntary submission period is provided to help facilities and vendors test their processes and systems in order to meet the mandatory submission period beginning July 1, 2016. Data submitted through the voluntary submission period will not be used in the survey process or result in any enforcement actions, and will not be used in the CMS Nursing Home Five Star Quality Rating System.

NOTE: A final rule implementing the requirement for long-term care facilities to submit staffing data was published August 4, 2015. For more information, please see <https://www.federalregister.gov/articles/2015/08/04/2015-18950/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>