

EXTENDED CARE LINK

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PHASE TWO REQUIREMENTS



In October of 2016, the Centers for Medicare and Medicaid Services (CMS) published the final rules that updated the requirements for Long-Term Care facilities who participate in Medicare and Medicaid Programs. The revisions were the first major revisions of requirements that the LTC industry had experienced since 1991. These rules can be found in the State Operations Manual (SOM): Appendix PP. These guidelines were originally designed to

provide guidance to the surveyors, but many facilities use these guidelines as a tool to understand expectations and provide direction in the development of policies and processes within their facilities.

Due to the number of changes, the implementation dates for the rules were separated into three different phases. Phase one changes went into effect on November 28, 2016. Phase Two, which contains a significant number of changes is scheduled to be implemented this month, November 28, 2017, and Phase Three, November 28, 2019. Several comments were submitted to CMS expressing concerns related to the scope and time that implementing these requirements would take. While CMS indicated that they felt that the standards "...represented important national health and safety standards," they have chosen to issue a delay in enforcement remedies for one year.¹ "Specifically, we will not utilize civil money penalties, denial of payment, and/or termination."² Essentially, that means that facilities will still need to implement the requirements and if found out of compliance, CMS will "...use this year-long period to educate facilities about certain new Phase 2 quality standards by requiring a directed plan of correction or additional directed in-services training."³

The following tables, adapted from 42 CFR part 483, subpart B, is provided as a self-assessment tool to ensure compliance with the changes.

CITATION	ACTIVITY
§483.10 Resident Rights	1. Revise notices to include: : <ul style="list-style-type: none"> • Contact Information <ul style="list-style-type: none"> ◇ State/Local Advocacy Organization ◇ State Survey Agency ◇ State LTC Ombudsman ◇ DD Protection and Advocacy System ◇ Aging and disability Resource Center ◇ Medicaid Fraud Unit • Medicare and Medicaid Eligibility Coverage
§483.12 Freedom from abuse, neglect, and exploitation	1. Develop and Implement policies and procedures that ensure: <ul style="list-style-type: none"> • Notifications to covered individuals of their obligation to report is made annually and includes; <ul style="list-style-type: none"> ◇ Reasonable suspicion of a crime against a resident ◇ Reporting timelines • Post of a notice of employee rights • Prohibit and prevent retaliation
§483.15 Admission, transfer, and discharge rights	1. Documentation of Transfer or Discharge includes <ul style="list-style-type: none"> • Basis for transfer • Needs that couldn't be met, attempts to meet those needs and how the receiving facility will meet those needs 2. Information provided to the receiving provider <ul style="list-style-type: none"> • Practitioner contact information • Resident representative information • Advanced Directive • Special instructions/precautions • Comprehensive care plan goals • Copy of discharge summary • Any other information to ensure a safe and effective transition of care

CITATION	ACTIVITY
§483.21 Comprehensive person-centered care planning	<ol style="list-style-type: none"> 1. Develop process for Baseline Care plan <48 hrs. and includes; <ul style="list-style-type: none"> • Initial goals • Physician orders • Dietary orders • Therapy orders • Social Services • PASARR Recommendations 2. Determine if comprehensive and baseline care plan will be one and the same 3. Develop a summary baseline care plan for the resident and representative that includes <ul style="list-style-type: none"> • Resident initial goals • Summary of the resident's medications • Summary of dietary instructions • Any services or treatments • Updated information based on details of the comprehensive care plan, as needed.
§483.35 Nursing services	<ol style="list-style-type: none"> 1. Nursing staff <ul style="list-style-type: none"> • Appropriate competencies and skill sets 2. Determine staff needed based on the facility assessment that takes into account; <ul style="list-style-type: none"> • Census • Acuity • Diagnoses
§483.40 Behavioral health services	<ol style="list-style-type: none"> 1. Services are available 2. Sufficient Staff/Appropriate Competencies 3. Non-pharmacological interventions 4. Appropriate dementia treatment 5. Provide specialized rehabilitative services 6. Outsourced specialized services are provided by a Medicare and/or Medicaid approved provider
§483.45 Pharmacy services	<ol style="list-style-type: none"> 1. Drug regimen review includes a review of the chart 2. Psychotropic Drugs <ul style="list-style-type: none"> • Residents not currently on medication may only use them if there is a documented dx • GDR and behavioral interventions • PRN only with documented dx • PRN 14-day limit • Extension must have physician documented rationale and include duration

CITATION	ACTIVITY
§483.55 Dental services	<ol style="list-style-type: none"> 1. Policy that identifies circumstances when the loss or damage of dentures is the facilities responsibility <ul style="list-style-type: none"> • Process where resident will not be charged based on above policy 2. Process to refer resident within 3 days <ul style="list-style-type: none"> • Delay documentation includes; <ul style="list-style-type: none"> ◊ Circumstances that led to the delay ◊ Documentation r/t how the facilities ensured the resident could eat and drink adequately
§483.60 Food and nutrition services	<ol style="list-style-type: none"> 1. Sufficient staff/Appropriate competencies 2. Review dietitian educational requirements 3. Review director of food and nutrition services requirements 4. Revise job descriptions
§483.70 Administration	<ol style="list-style-type: none"> 1. Facility Assessment <ul style="list-style-type: none"> • Resident Population <ul style="list-style-type: none"> ◊ Number and capacity ◊ Care required ◊ Staff competencies needed ◊ Environment, equipment & services ◊ Consider ethnic, cultural and religious factors ◊ Facility Resources ◊ Structures and vehicles ◊ Medical and non-medical equipment ◊ Pharmacy and therapies ◊ Education, training and competencies for managers, staff and volunteers ◊ Contracts, memorandums and other agreements ◊ IT Resources ◊ Risk Assessment ◊ Facility based ◊ Community based ◊ All-hazards approach ◊ QAPI Involvement
§483.75 Quality assurance and performance improvement	<ol style="list-style-type: none"> 1. QAPI plan completed 2. QAPI presented to the State Survey Agency
§483.80 Infection control	<ol style="list-style-type: none"> 1. Develop a program to include elements from the facility assessment 2. Antibiotic Stewardship Program

CITATION	ACTIVITY
§483.85 Compliance and ethics program	<ol style="list-style-type: none"> 1. Program in place for operating organization <ul style="list-style-type: none"> • Standards/Policies and Procedures • Compliance Officer/Committee <ul style="list-style-type: none"> ◊ Sufficient resources and authority ◊ Training ◊ Exclusion checking process ◊ Training program ◊ Monitoring and auditing ◊ Enforcement and discipline ◊ Responding and reporting ◊ Annual review 2. Operating Facilities with 5 or more facilities <ul style="list-style-type: none"> • Mandatory annual training • Designated compliance officer • Designated compliance liaisons at each facility
§483.90 Physical Environment	<ol style="list-style-type: none"> 1. Establish Policy <ul style="list-style-type: none"> • Smoking • Smoking area • Smoking safety • Take into account non-smoking residents

In addition, to the changes listed in the previous tables, CMS has revised the F-Tag numbering process. The F-Tags are a numbering system used to identify the federal regulations. CMS revised the F-Tag's listed in Appendix PP to correspond with the new regulations and will be used after November 28, 2017.⁴ According to CMS, some of the tags were combined and some were split into subparts.⁵ A copy of the cross walk between the current F-Tags and those that will be into effect after November 28, 2017 can be found on the CMS Website.

A new survey process was developed and is scheduled to be implemented in conjunction with Phase 2. "CMS is incorporating the new regulatory requirements while combining the Traditional and Quality Indicator Survey Processes."⁶ Information about this new process can be found within the interpretive guidance and from the CMS website.

RESOURCES

CMS Website:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

Survey and Certification Letter 13-36-NH:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Survey-and-Cert-Memo-Revision-SOM-Appendix-PP-Phase-2.pdf>

Federal Register: Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

<https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities>

¹ S & C: 17-36-NH

² S & C: 17-36-NH: pg. 3

³ Indem

⁴ S & C: 17-36-NH: pg. 2

⁵ Indem

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