




Centers for Medicare and Medicaid Services

2019 CAHF Summer Conference:
Survey & Certification Update
 July 17, 2019
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Overview

- Review CMS Strategic Initiatives
- Overview of LTC Requirements of Participation
- Phase 3 Implementation
- Top 10 Citations
- Immediate Jeopardy
- Improving Dementia Care Quality Initiative
- CMP Reinvestment Program

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Nursing Home Quality and Safety Strategy

16 CMS Strategic Initiatives

Includes:

- Ensuring Safety & Quality

Administrator's Blog (April 15, 2019)

- Ensuring Safety and Quality in America's Nursing Homes

(<https://www.cms.gov/blog/ensuring-safety-and-quality-americas-nursing-homes>)

5 Point Plan for ensuring quality & safety

- Strengthen Oversight (clarify guidance, survey consistency)
- Enhance Enforcement (weekend surveys, late adopters, etc.)
- Increase Transparency (Nursing Home Compare, PBJ staffing, etc.)
- Improve Quality (CMP Reinvestment, Value-Based Purchasing, QIN-QIO)
- Put Patients Over Paperwork (Burden reduction, free training & support)

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LTC Requirements of Participation (RoP)

Themes

- Person-Centered Care
- Quality
- Facility Assessment, Competency-Based
- Alignment with HHS priorities

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Person-Centered Care

Residents and Representatives: Informed, Involved, and In Control.

- Existing protections maintained
- Choices
- Care & Discharge Planning

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<p style="text-align: center;">Quality</p> <hr/> <p><i>Quality of Care and Quality of Life-- overarching principles for every service.</i></p> <ul style="list-style-type: none"> • Quality of Life and Quality of Care <ul style="list-style-type: none"> – Additional special care issues: restraints, pain management, bowel incontinence, dialysis services, and trauma-informed care • Quality Assurance and Performance Improvement

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<p style="text-align: center;">Facility Assessment & Competency-Based Approach</p> <hr/> <p><i>Facilities need to know themselves, their staff, and their residents.</i></p> <ul style="list-style-type: none"> • Not a one-size fits all approach. • Accounts for and allows for diversity in populations and facilities. • Focus on each resident achieving their highest practicable physical, mental, and psychosocial well-being.

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<p style="text-align: center;">Align with HHS Initiatives</p> <hr/> <p><i>Advancing cross-cutting priorities</i></p> <ul style="list-style-type: none"> • Reducing unnecessary hospital readmissions • Reducing the incidences of healthcare acquired infections • Improving behavioral healthcare • Safeguarding nursing home residents from the use of unnecessary psychotropic (antipsychotic) medications

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Phased In Implementation Schedule

Regulation implemented in 3 phases:

- **Phase 1:** Existing requirements, those requirements relatively straightforward to implement, and require minor changes to survey process. *(November 28, 2016)*
- **Phase 2:** All Phase 1 requirements, and those that providers need more time to develop, foundational elements, new survey process. *(November 28, 2017)*
- **Phase 3:** Requirements that need more time to implement (personnel hiring and training, implementation of systems approaches to quality). *(November 28, 2019)*

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Phased Implementation

Phase	Primary Implementation
Phase 1 <i>(* this section is partially implemented in Phase 2 and/or 3)</i>	<ul style="list-style-type: none"> • Resident Rights and Facility Responsibilities* • Freedom from Abuse Neglect and Exploitation* • Admission, Transfer and Discharge* • Resident Assessment • Comprehensive, Person-Centered Care Planning* • Quality of Life • Quality of Care* • Physician Services • Nursing Services* • Pharmacy Services* • Laboratory, radiology and other diagnostic services • Dental Services* • Food and Nutrition* • Specialized Rehabilitation • Administration (Facility Assessment – Phase 2)* • Quality Assurance and Performance Improvement* - QAA Committee • Infection Control – Program* • Physical Environment*

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Phased Implementation (continued)

Phase	Primary Implementation
Phase 2	<ul style="list-style-type: none"> • Behavioral Health Services* • Quality Assurance and Performance Improvement* - QAPI Plan • Infection Control – Facility Assessment and Antibiotic Stewardship** • Compliance and Ethics* • Physical Environment- smoking policies *
Phase 3	<ul style="list-style-type: none"> • Quality Assurance and Performance Improvement* - Implementation of QAPI • Infection Control – Infection Control Preventionist * • Compliance and Ethics* • Physical Environment-call lights at resident bedside * • Training*

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Phase 3 Implementation

- November 28, 2019
- Draft Interpretive Guidance
 - Changes to Phase 2
- Similar Track as Phase 2
 - Release advanced copy
 - Training
 - Regulations & Interpretive Guidance
 - Survey Process and Tools

483.12 Freedom from Abuse, Neglect, and Exploitation

- **Phase 1** - Strengthened existing protections, in addition to review of policies and procedures. Added language related to resident “right to be free from neglect” and “exploitation.”
- **Phase 2** - Regulatory inclusion of 1150B requirements (Reporting reasonable suspicion of a crime). This is an existing requirement under the Statute.
- **Phase 3 - QAPI must be involved in review of allegations/incidences of abuse, neglect, and exploitation.**

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483.21 Comprehensive Person Centered Care Planning

- Many of requirements maintained - implemented in Phase 1 except:
- Baseline care plan - Implemented in Phase 2.
 - **(b)(3)(iii) Trauma informed care - Implemented in Phase 3.**

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483.75 Quality Assurance and Performance Improvement

- **Phase 1** - Participation in QAA Committee and maintain existing QAA requirements
- **Phase 2** – QAPI Plan – as required by Affordable Care Act
- **Phase 3** – Full Implementation of QAPI and integration of Infection Preventionist

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483.80 Infection Control

Infection Control Preventionist with Specialized Training (Phase 3)

- Specialized training
- Include in Quality Assessment and Assurance committee
- CDC training posted (see QSO memo 19-10-NH)
 - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO19-10-NH.pdf>
 - Training available at: https://www.train.org/cdctrain/training_plan/3814

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Phase 2 Moratorium

- The 18 month enforcement moratorium on select Phase 2 requirements expired on **May 28, 2019**.
- With the ending of this moratorium, all deficiency findings for the eight F-tags included in the moratorium will be subject to the standard enforcement process
 - F655 (Baseline Care Plan);
 - F740 (Behavioral Health Services);
 - F741 (Sufficient/Competent Direct Care/Access Staff-Behavioral Health);
 - F758 (Psychotropic Medications) related to PRN Limitations;
 - F838 (Facility Assessment);
 - F881 (Antibiotic Stewardship Program);
 - F865 (QAPI Program and Plan) related to the development of the QAPI Plan;
 - F926 (Smoking Policies)
- **Note, CMS will not be adopting an enforcement moratorium for Phase 3 requirements.**

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Phase 3

- Summer of 2019: Anticipating release advance copy of revised Appendix PP, which will include the revised Phase 2 & Phase 3 Interpretive Guidance.
- Along with this advance copy, CMS will release training for surveyors and providers to changes being implemented November 28, 2019.
- New guidance for Phase 3
 - Requirements for specialized training as an infection preventionist (483.80);
 - Requirements for access to call systems (483.90);
 - Provision of culturally competent and trauma-informed care to residents who need it (483.21 and 483.25)

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LTC Survey Process Implementation Grid

Implementation Date	Type of Change	Details of Change
Phase 1: November 28, 2016 (Implemented)	Nursing Home Requirements for Participation	New Regulatory Language was uploaded to the Automated Survey Processing Environment (ASPEN) under current F Tags
Phase 2: November 28, 2017	F Tag numbering Interpretive Guidance (IG) Implement new survey process	New F Tags Updated IG Begin surveying with the new survey process
Phase 3: November 28, 2019	Requirements that need more time to implement	Requirements that need more time to implement

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New LTC Survey Process Trends and Feedback

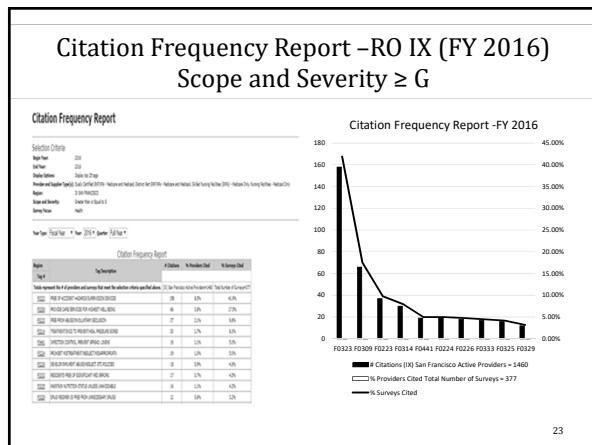
- Has been generally well-received.
- Improved standardization and pathways for assessing compliance and conducting investigations.
- Additional F-Tags added to regulatory guidelines have helped address previously areas of care that were less specific to assess.

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Long Term Care Survey- Top 10

F880- Infection Control
F812- Food Procurement
F656- Develop Care Plan
F689- Accidents
F761- Drug Storage

F684- Quality of Care
F657- Care Planning
F758- Unnec Psychotropic
F641- Accurate Assessment
F550- Resident Rights



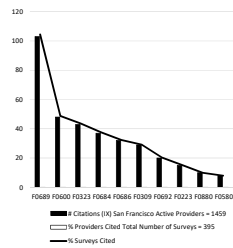
Citation Frequency Report –RO IX (FY 2018)
Scope and Severity ≥ G

Citation Frequency Report

Selection Criteria	
Single Year	2018
End Year	2018
Deployment Options	Desktop to 25 mg
President and Supplier Type(s)	Small Contract (2017); - National and National Contract for 2017; - National and National Small Contract for 2017; - National 24x7 Contract for 2017
Region	3 (Jan 2018/2017)
Scope and Security	Desktop and/or Cloud's S
Survey Focus	Health

Year Type: • Year: • Quarter:

Chilton Frequency Report				
Report	Tag Location	# Children	% Preschool Child	% Survey Child
Table represent the # of children and survey that select the station/option specified below. (2) See Frequency by Preschool Child, Table Number 1 of Survey				
0202	Free of Children's Services Center	100	53%	32%
0203	Free from Home and Night	40	26%	12%
0204	Free of 402247-402248 SURVEY CHILD	42	17%	15%
0205	Early of Day	27	23%	14%
0206	Therapist/Staff/Preschool Teacher/Dir	12	16%	8%
0207	POICE 3461025-3461026-3461027-3461028	10	16%	14%
0208	Number/Hours/Staff/Services	20	12%	5%
0209	Free from 402247-402248 SURVEY CHILD	14	10%	14%
0210	Infant/Preschool/Control	10	15%	12%
0211	With of Charge/Don't/Refuse/No	8	13%	12%

Citation Frequency Report -FY
2018

25

Citation Frequency Report –CA (FY 2016)
Scope and Severity ≥ G

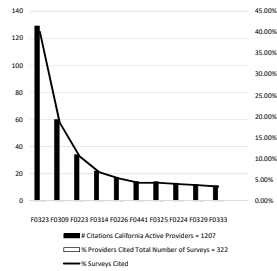
Citation Frequency Report

Selection Criteria	
Begin Year:	2018
End Year:	2018
Display Options:	Display all results
Provider and Supplier Specific:	Study Center (2018) - National and National Center for (2018) - National and National, School Nursing (2018) - National, School Nursing (2018) - National, School Nursing (2018) - National
State:	California
Scope and Severity:	Greater than or equal to 0
Survey Focus:	Health

Year Type: Fiscal Year * Year: 2016 * Quarter: Full Year *

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Citation Frequency Report -FY 2016



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Citation Frequency Report –CA (FY 2017)
Scope and Severity ≥ G

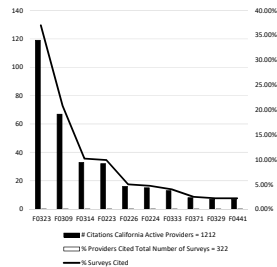
Citation Frequency Report

Selection Criteria	
Begin Year	2007
End Year	2007
Dwelling System	Single-Family House
Provider and Supplier Type(s)	Health-Care Provider; National Distributor (DIN); National Retail; SBA; Nursing Facility (NF); Pediatric; Nursing Facility; National (N)
Market	National
Source and Specialty	Order Line or Bulk Order
Supplier Name	Smith

Year Type: Fiscal Year • Year: 2017 • Quarter: Full Year •

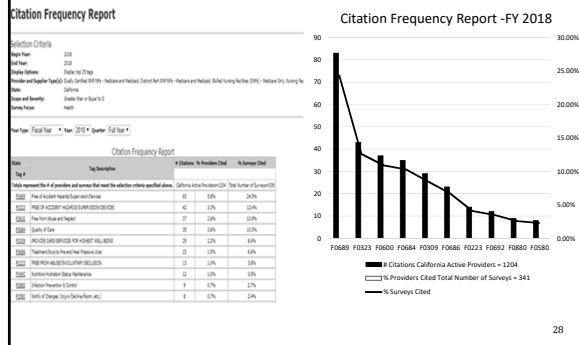
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Total amount for tag # 6 provides and amount that must be subtracted when specified above				The Number of % Reservoir Chlor
600	100% CHLORINE	10	75%	75%
602	20% CHLORINE	10	2%	2%
603	10% CHLORINE	10	1%	1%
604	5% CHLORINE	10	0.5%	0.5%
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Citation Frequency Report -FY 2017



27

Citation Frequency Report –CA (FY 2018)
Scope and Severity ≥ G



Enforcement Action Report
FY 2018 – RO IX

Number of Enforcement Actions																
Region	Total Enforcement Actions	State Monitoring	Directed Plan of Correction	Temporary Management	Number of Enforcement Actions										Disciplinary Termination	Mandatory Termination
					Disciplinary Enforcement for New Admits	Mandatory Enforcement for New Admits	Disciplinary Enforcement for Existing Residents	Disciplinary Enforcement for Existing Residents	Disciplinary Enforcement for Existing Residents	Disciplinary Enforcement for Existing Residents	Disciplinary Enforcement for Existing Residents	Disciplinary Enforcement for Existing Residents	Disciplinary Enforcement for Existing Residents	Disciplinary Enforcement for Existing Residents		
(X) San Francisco	280	0	1	0	19	30	0	12	207	0	0	0	0	0		
Altoona	38	0	1	0	1	0	0	21	15	0	0	0	0	0		
California	225	0	0	0	35	38	0	1	177	0	0	0	0	0		
Hawaii	17	0	0	0	2	2	0	0	13	0	0	0	0	0		
Nevada	2	0	0	0	0	0	0	0	2	0	0	0	0	0		
National Total	4,353	87	59	1	445	583	6	353	3,361	7	1	0	1	1		

Updated Guidance for Immediate Jeopardy (IJ)

- Revised Appendix Q: rolled out on March 5, 2019.
- The previous version of Appendix Q was last updated in 2004
- Stakeholder concerns about the previous Appendix Q

Changes

- Appendix Q was reduced from 34 to 12 pages and is now a Core document to be used by surveyors of all providers, suppliers, and laboratories
- It aligns with the regulatory definitions of IJ;
 - Removes “Culpability” and replaces “Potential” with likelihood
 - Replaces “Immediacy” with “Need for Immediate Action”

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Changes (cont.)

- Introduces the concepts of Psychosocial Harm and Reasonable Person
- Clarifies guidance to ensure facts of situation relate to a specific regulation
- Clarifies/differentiates between accepting a removal plan, and IJ actually being removed
- IJ is considered to be removed when no one is experiencing, or likely to experience serious injury, harm, impairment, or death
- Includes an IJ Template which is completed to ensure all components of IJ exist, and is given to providers, suppliers, and laboratories at exit conference
- See QSO 19-09-ALL, Training: <https://surveyortraining.cms.hhs.gov/>

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What Is IJ?

A situation in which a recipient of care has suffered or is likely to suffer serious injury, harm, impairment, or death as a result of a provider's, supplier's, or laboratory's noncompliance with one or more health and safety requirements.

Key Components of IJ

Noncompliance.

Serious injury, harm, impairment, or death that has occurred or is likely to occur.

Need for immediate action.

IJ Template

Survey teams use the IJ template to:

Document evidence of each component of IJ.

Convey information to the entity.

Surveyors provide template to cited providers and suppliers.

Abuse – What is it?

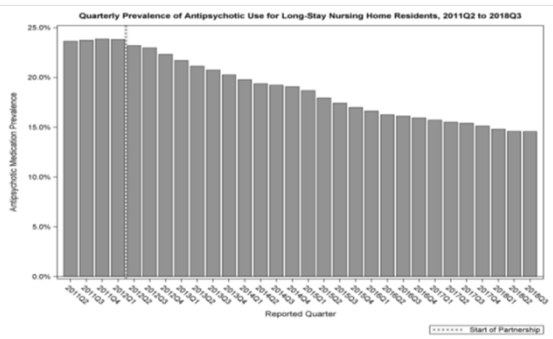
CMS defines abuse in its guidance as “the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse (and neglect) also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.”

Other Updates

- **National Partnership to Improve Dementia Care**
 - "Late Adopters" (QSO memo: 19-07-NH)
- **Phase 2 Enforcement Moratorium (Ends May 27, 2019)**
- **Staffing Sufficiency (QSO memo: 19-02-NH)**
- **Other areas: Facility Reported Incidents, Facility-initiated discharges (QSO memo: 18-08-NH), Mental Health/ Substance Abuse**

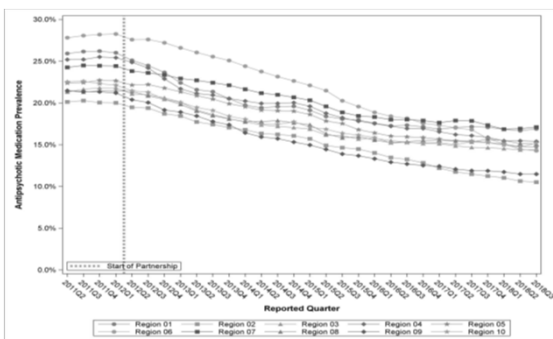
All QSO memos: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>

Antipsychotic Medication Use Data Report



Page 38

Quarterly Prevalence of Antipsychotic Use for Long-Stay Residents, CMS Regions



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Quarterly Prevalence of Antipsychotic Use for Long-Stay Residents, CMS Regions (Cont'd)

Region	2011Q4	2012Q4	2013Q4	2014Q4	2015Q4	2016Q4	2017Q4	2018Q4	2019Q4	2020Q4	2021Q4	2022Q4	2023Q4	Percentage point difference (2011Q4-2023Q4)	% Change
National	23.9%	22.2%	21.7%	20.3%	19.7%	19.4%	19.2%	17.4%	17.0%	16.6%	16.3%	16.1%	14.6%	-8.2%	-34.2%
Region 01	26.2%	23.7%	22.4%	20.5%	19.7%	19.4%	19.6%	18.1%	18.0%	17.8%	17.3%	17.1%	16.9%	-9.3%	-35.5%
Region 02	20.1%	18.7%	18.4%	17.1%	16.7%	16.3%	16.2%	15.1%	14.9%	14.6%	14.5%	14.3%	13.8%	-6.3%	-31.3%
Region 03	21.8%	20.6%	20.1%	18.1%	17.7%	17.4%	17.2%	16.1%	15.7%	15.6%	15.1%	15.1%	14.9%	-6.9%	-31.6%
Region 04	25.9%	22.8%	21.7%	20.5%	20.0%	19.6%	19.2%	17.8%	17.5%	17.2%	16.9%	16.6%	16.1%	-9.8%	-37.8%
Region 05	22.7%	21.8%	21.3%	19.9%	19.6%	19.1%	18.1%	17.5%	16.8%	16.4%	16.0%	15.7%	15.4%	-7.3%	-32.1%
Region 06	28.2%	27.2%	26.6%	25.1%	24.4%	23.8%	23.2%	22.6%	22.1%	21.5%	20.3%	19.8%	19.4%	-8.8%	-31.2%
Region 07	24.5%	23.4%	22.9%	22.1%	21.6%	21.2%	20.7%	20.3%	19.6%	19.4%	18.3%	18.0%	17.9%	-6.6%	-27.0%
Region 08	21.4%	20.4%	19.8%	18.1%	17.7%	17.8%	17.8%	16.3%	16.0%	15.6%	15.4%	15.0%	14.6%	-6.8%	-31.8%
Region 09	21.3%	19.2%	18.9%	17.4%	16.4%	15.9%	15.7%	15.0%	14.9%	13.7%	13.2%	12.7%	12.4%	-8.9%	-41.8%
Region 10	22.3%	20.4%	20.1%	18.4%	18.0%	17.5%	17.4%	16.9%	16.4%	16.2%	15.9%	15.2%	15.0%	-7.3%	-32.7%

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CMP Reinvestment Program

The Social Security Act (and 42 CFR §488.433) provides that collected CMP funds may be used to support activities that protect or improve the quality of care or quality of life for residents in certified LTC facilities. This may include any of the following:

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CMP Reinvestment Program

- Assistance to support and protect residents of a facility that closes (voluntarily or involuntarily) or is decertified;
- Time-limited expenses incurred in the process of relocating residents to home and community-based settings or another facility when a facility is closed or downsized pursuant to an agreement with the State Medicaid Agency;
- Projects that support resident and family councils and other consumer involvement in assuring quality care in facilities;
- Facility improvement initiatives such as joint training of facility staff and surveyors or technical assistance for facilities implementing quality assurance and performance improvement programs;

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CMP Reinvestment Program
<p>Development and maintenance of temporary management or receivership capability. A temporary manager's salary must be paid by the facility unless CMS stops or suspends payments to the facility under 42 CFR Part 489.55 during the temporary manager's duty period, and CMS determines that extraordinary action is necessary to protect the residents until relocation efforts are successful; and</p> <p>Expenses incurred by a State related to CMP uses (i.e., administrative expenses related to administering, monitoring, and evaluating CMP projects).</p>
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CMP Reinvestment Program
<p>CMP funds <u>may not</u> be used for uses prohibited by law, regulation, or CMS policy. These include but are not limited to:</p> <ul style="list-style-type: none"> • Projects disapproved by CMS; • Capital expenses of a facility; • Nursing home services or supplies that are the responsibility of nursing homes, such as laundry, linen, food, heat, staffing costs, etc.; • Funding projects, items or services that are not directly related to improving the quality of life and care of nursing home residents;
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CMP Reinvestment Program
<p>Prohibited uses continued:</p> <ul style="list-style-type: none"> • Projects for which a conflict of interest or the appearance of a conflict of interest exists; • Long term projects (greater than 3 years); • Temporary manager salaries; • Supplementary funding of federally required services (e.g., Quality Improvement Organization-Quality Improvement Network Initiatives).
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CMP Reinvestment Program

Below is a list of CMP projects approved by CMS SFRO for California:

1. Reduce Antipsychotic Medication in SNFs in CA
2. Music and Memory Program for Improving Dementia Care
3. Improving the quality of dietary services in SNFs in CA
4. CNA Training Kickstarter Project
5. Volunteer Engagement in SNFs
6. Nurse Leadership Project
7. Person-Centered Approach to Reducing Transfer; Discharge and Eviction.

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CMP Reinvestment Resource Web Page

CMS has created a web page containing information about CMP fund reinvestment to serve as resource for States, ROs, potential applicants for CMP funds, and other stakeholders at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment.html>

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CMP Reinvestment Resource Web Page

This web page contains the following to help you with your CMP application:

Frequently asked questions document

An example application for the use of CMP funds,

Examples of CMP funded projects, and

CMP contacts by State

California	Cassie Dunham Chief of Field Operations, Long Term Care Center for Health Care Quality 1615 Capitol Avenue, MS 3201 P.O. Box 997377 Sacramento, CA 95899 Phone: (916) 324-1261 Email: Cassie.Dunham@cdph.ca.gov
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www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html

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Home > Medicare > Survey & Certification > Guidance to Laws & Regulations > Nursing Homes

Survey & Certification - Guidance to Laws & Regulations
Ambulatory Surgical Centers
Community Mental Health Centers
Critical Access Hospitals
DMEPOS
Hospitals
Hospice
Hospitals
Laboratories
Long Term Care & Health Care Facilities (LTCF)
Nursing Homes
Permanently Medically Frail
Physician's Residency Treatment

Nursing Homes
Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities
Nursing home surveys are conducted in accordance with survey protocols and Federal requirements to determine whether a citation of non-compliance is appropriate. Consolidated Medicare and Medicaid requirements for participation requirements for Long-Term Care (LTC) facilities (42 CFR part 483, subpart B) were first published in the Federal Register on February 2, 1989 (54 FR 5216). The requirements for participation were recently revised to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety. The revisions were published in a final rule that became **effective on November 28, 2018**.
The survey protocols and interpretive guidelines serve to clarify and/or explain the intent of the regulations. All surveys are required to use them in assessing compliance with Federal requirements. Citations are based on violations of the regulations, which are to be based on observations of the nursing home's performance or practices.
The sections below provide additional information about the background and overview of the final rule, frequently asked questions, and other related resources.
Downloads
Appendix K-1 (11/28/2017) (Effective November 28, 2017) (PDF, 30KB) [PDF](#)
Appendix K-2 (11/28/2017) (Effective November 28, 2017) (PDF, 30KB) [PDF](#)

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Questions & Answers



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