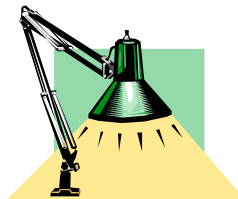


RAI Spotlight



Proposed Reform of Requirements for LTC Facilities



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On July 16, 2015, CMS released a proposed rule (<http://www.gpo.gov/fdsys/pkg/FR-2015-07-16/pdf/2015-17207.pdf>) that would revise the requirements that long-term care (LTC) facilities must meet to participate in the Medicare and Medicaid programs. CMS feels these proposed changes are necessary to reflect substantial advances in the theory and practice of service delivery and safety, as well as being part of the efforts to achieve broad-based improvements both in the quality of health care furnished through federal programs and in patient safety. Last revised in 1991, the regulatory citations form the outline of Appendix PP of the State Operations Manual, otherwise referred to as the Utilization Guidelines.

Proposed changes include:

1. Expanded definitions (§483.5).
2. Comprehensive restructuring of Resident Rights (§483.10).
3. New section on Comprehensive Person-Centered Care Planning (§483.21) including requiring a baseline care plan within 48 hours of admission; integration of PASRR recommendations; requiring a nurse aide, food/nutrition services staff member and a social worker as members of the IDT; and an extensive discharge planning process including a reconciliation of all discharge medications with the resident's pre-admission medications.
4. Quality of Care and Quality of Life (§483.25) expanded to include requirements regarding a resident's ability to perform ADLs; modify existing requirements for nasogastric tubes; and adds a requirement that facilities must ensure residents receive necessary and appropriate pain management.

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Teleconference on Interviewing

Date: October 8, 2015
Time: 1:30 – 2:30 pm EDT (Dial-in 10 minutes earlier)
Topic: Interviewing
Handouts: Power Point slides will be available about October 5 on the DOH Message Board at <http://app2.health.state.pa.us/commonpoc/content/facilityweb/login.asp>
Call in number: 1-888-694-4728 or 1-973-582-2745
Conference ID Number: 4406685

Company Name: Myers and Stauffer Moderator: Cathy Petko
A recording of this conference will be available; directions for requesting this will be posted on the DOH Message Board.

Additional questions: qa-mds@pa.gov

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Questions about the RAI?

Please submit them to
qa-mds@pa.gov

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Assessments for the RAI Q & As

On July 9, 2015, a training teleconference was provided on Assessments for the RAI. No questions were received.

Implementation of ICD-10 Codes



Use of ICD-10 codes at MDS Item I8000 Additional Active Diagnoses is required beginning October 1, 2015. If the ARD is before October 1, 2015, use ICD-9 codes. If the ARD is on or after October 1, 2015, ICD-10 codes must be used.

The data specifications for entering these codes on the MDS are very specific. Letters may be submitted as upper or lower case, but will be stored and reported as upper case on the Final Validation Report.

- Character 1 must be alphabetic (A-Z, a-z)
- Character 2 must be numeric (0-9)
- Character 3 must be numeric (0-9) or alphabetic (A-Z, a-z)

- Character 4 must be a decimal point
- Characters 5 through 8 must be numeric (0-9), alphabetic (A-Z, a-z) or caret (^)
- If any character 5 through 8 is equal to (^), all subsequent characters must equal (^)

If these specifications are not met, the MDS will be rejected and you will receive Fatal Error -3852 indicating that you have violated the formatting rules.

The AIDS add-on continues; B20 is the designated ICD-10 code. It would be entered as "B20.^^^^". The decimal point at Character 4 must be entered.



Proposed Reform of Requirements for LTC Facilities

(Continued from page 1)

5. Additions to Physician Services (§483.30) include an in-person evaluation of a resident before an unscheduled transfer to a hospital, and allowing physicians to delegate dietary orders to dietitians and therapy orders to therapists.
6. Nursing Services (§483.35) would now require that the facility identify sufficient staffing based on a facility assessment which includes but is not limited to the number of residents, resident acuity, range of diagnoses and the content of care plans.
7. A new section on Behavioral Health Services (§483.40) includes requirements that facilities determine their direct care staff needs based on the facility's assessment, and that the staff must have the appropriate competencies and skills to provide behavioral health care and services.
8. Any requirements dealing with medication such as unnecessary drugs, antipsychotic drugs, medication errors and immunizations have been moved to Pharmacy Services (§483.45). More frequent review of the resident's chart by the pharmacist is added. Irregularities discovered must be reported to the attending physician, the facility's medical director and director of nursing. Antipsychotic drugs are now referred to as psychotropic drugs (any drug that affects brain activities associated with mental processes and behavior). A PRN order for a psychotropic drug is limited to 48 hours.
9. A new section on laboratory, radiology and other diagnostic services (§483.50) clarifies that advanced practice practitioners may order and receive results of diagnostic services.
10. Food and nutrition services (§483.60) requires sufficient staff with appropriate competencies and skill sets be employed in dietary service. New definitions of "qualified dietitian" and "Director of Food Service" are added. Menus must reflect the religious, cultural and ethnic needs and preferences of the residents. Suitable and nourishing alternative meals and snacks must be available for residents who want to eat at non-traditional times or outside of scheduled meal times.
11. Respiratory services have been added to Specialized rehabilitative services (§483.65). There will be clarification as to what constitutes rehabilitative services for mental illness and intellectual disability.
12. Administration (§483.70) will require periodic facility assessment to determine what resources are necessary to care for its residents as well as assessing the facility's resident population. Clinical records and binding arbitration agreements will also be addressed.
13. A new section on Quality Assurance and Performance Improvement (QAPI) (§483.75) requires all LTC facilities to develop, implement and maintain an effective data-driven QAPI program.
14. Infection control (§483.80) requires that each facility have an Infection Prevention and Control Program (IPCP) and a designated Infection Prevention and Control Officer (IPCO).
15. A new section on Compliance and Ethics (§483.85) requires that each facility have a program with a written compliance and ethics standard, as well as policies and procedures that reduce the prospect of criminal, civil and administrative violations.
16. A new section on Training (§483.95) requires training on Effective Communications; Resident Rights and Facility Responsibilities; Abuse, Neglect and Exploitation; QAPI; Infection Control; Compliance and Ethics; In-Service Training for Nurse Aides; and Behavioral Health Training.

Medication-Related Adverse Events



CMS has released a Survey and Certification (S & C) Letter dealing with Medication-Related Adverse Events in Nursing Homes (<http://www.cms.hhs.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Survey-and-Cert-Letter-15-47.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>).

An OIG report found that one in three skilled nursing facility (SNF) residents were harmed by an adverse event or temporary harm event within the first 35 days of a SNF stay and 37% of the adverse events were related to medication. The second most frequent cause of medication related adverse events was excessive bleeding related to anticoagulant use causing harm ranging from hospitalization to death.

CMS has developed and begun pilot testing the Focused Survey on Medication Safety Systems to look at nursing home practice around high-risk and problem-prone medications such as Coumadin. Objectives of this new survey are to:

- Identify preventable adverse drug events that have occurred or may occur;
- Determine whether facilities identify residents' risk factors for adverse drug events and implement individualized interventions to eliminate or mitigate those risk factors; and
- Determine if the facility has implemented effective systems to prevent adverse drug events as well as recognize and respond to adverse drug events that do occur in order to minimize harm for the individual and prevent recurrence of the event.

In addition, CMS collaborated with the Agency for Healthcare Research and Quality (AHRQ) and the OIG to develop a tool which includes potentially preventable medication-related adverse events, risk factors, triggers and investigative probes to assist surveyors in reviewing possible medication-related adverse events. The draft Adverse Drug Event Trigger Tool has been released with the S & C Letter to assist surveyors and to assist nursing home providers as a risk management tool.



Final PPS Regulation for FY 2016

On April 20, 2015, CMS released a proposed rule for the SNF PPS for FY 2016. (Refer to RAI Spotlight volume 9 issue 4 at <https://cmi.panfsubmit.com>). After comments were received and evaluated, the final rule was published in the Federal Register on August 4, 2015 at <http://www.gpo.gov/fdsys/pkg/FR-2015-08-04/pdf/2015-18950.pdf>.

Payments to SNFs will increase by \$430 million or 1.2%, less than that presented in the proposed rule (1.4%). Otherwise, the proposals for the FY 2016 wage index adjustment and related policies, a SNF Quality Reporting Program, a Value-Based Purchasing Program and Staffing Data Collection are being instituted as proposed.

Payroll Based Journal Resources

The Final Rule for the Prospective Payment System (PPS) and Consolidated Billing for Skilled Nursing Facilities (SNF) for FY 2016 was published on August 4, 2015. This rule also requires a facility to electronically submit to the Secretary 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 the Secretary. The requirement to submit staffing data for LTC facilities that participate in Medicare and Medicaid is effective July 1, 2016.

CMS has developed the free Payroll Based Journal software to enable facilities to meet this requirement. Facilities that want to test their electronic submission methods prior to the date of mandatory submission can voluntarily submit data beginning in October 2015. The draft PBJ manual and other useful information can be found at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html.

PBJ Training Modules for an introduction to the PBJ system and step by step registration instructions are available on QTSO e-University; select the PBJ option. (<https://www.qtso.com/webex/qiesclasses.php>). To register for this voluntary submission period, facilities will need to take the following steps:

- 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 PBJ system access. Registration began August 4, 2015 and is still open. (https://mds.qiesnet.org/mds_home.html)

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>).



Managed Long-Term Services and Supports (MLTSS)



Gov. Wolf has directed the Departments of Human Services (DHS) and Aging (PDA) to develop a plan to implement an Managed Long-Term Services and Supports (MLTSS) program to increase opportunities for older Pennsylvanians and individuals with physical disabilities to remain in their homes. MLTSS refers to the delivery of long-term services and supports (LTSS) through capitated payment (set fee per participant regardless of treatment required) to Medicaid managed care organizations (MCOs). It will ensure that one entity is responsible for coordinating the physical health and LTSS needs of participants, which will improve care coordination and health outcomes while allowing more individuals to live in their community.

As in other managed care programs, MLTSS MCOs will establish relationships with service providers. These providers will be contracted and paid by the MCOs. MCOs will be required through contracts with the Commonwealth to meet quality and performance outcomes.

MLTSS goals include:

- Promote health and safety;
- Strengthen health care;
- Enhance opportunities for community-based services;

Nursing Facility Report Portal (NFRP) Tips



Whenever a new process like NFRP is started, unusual things may happen. The following are situations that have occurred since implementation of this new process. Each action may complicate what should be an easy process for everyone!

- Do not send the whole CMI Report when you upload the Certification Page. It will be rejected and you will have to start over.
- Do not send MDS information to the NFRP. Send any additional assessments or corrections to the QIES ASAP system.

New Releases



Did you miss it? The Front Page of the Nursing Facility Report Portal (NFRP) (<https://cmi.panfsubmit.com>) has been updated with a revision of the *Resident Data Report-*

- Advance innovation; and
- Ensure efficiency in programs.

The program must be designed with the following components:

- Person-centered program design and service plan development;
- Services and supports coordination;
- Access to qualified providers;
- Emphasis on home and community-based services;
- Performance-based payment incentives;
- Participant education and enrollment supports;
- Preventive services;
- Participant protections; and
- Quality and outcomes-based focus.

Several stakeholder meetings were held in June to seek comments on a discussion document (www.dhs.state.pa.us/ForAdults/ManagedLongTermSupports) and to educate the public about this new program. Monthly webinars will be held on the third Thursday of every month (www.dhs.state.pa.us).

- Do not expect a new CMI Report today if you just submitted data to QIES ASAP. MDS data is downloaded to the state system once a day in the morning; a new report will be available tomorrow.
- Do not forget to review/correct your CMI Report and submit the Certification Page by five business days after the 15th of the month after the Picture Date. A CMI Report Calendar is posted on the NFRP Front Page identifying significant dates.
- Do not forget to change your password when you get the reminder e-mail.

ing Manual (6/1/2015), the release of the CMI Report Calendar for 2015 – 2016, and an Update to the NFRP Manual. Check this valuable resource frequently!