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Skilled Nursing Facility State Survey Process - Providing Person-Centered Care

Renee Kinder, MS, CCC-SLP, RAC-CT

Moderated by: Amy Natho, MS, CCC-SLP, CEU Administrator, SpeechPathology.com

continued

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continued

Skilled Nursing Facility State Survey Process - Providing Person-Centered Care

> Renee Kinder, MS, CCC-SLP, RAC-CT Thursday June 28th 2018 12:00-1:30 EST



Learner Objectives

- Describe the Phase II Requirements of Participation that require the new state survey process, and their relation to the Affordable Care Act (ACA) and the Improving Medicare Post-Acute Care Transformation (IMPACT) Act.
- Explain the importance and methods for implementation of person-centered care and persondirected care planning.
- 3) Define the critical element pathways which are used by surveyors to measure care and the role of rehab professionals in the pathways.

continued

CMS Reform of Requirements for Long Term Care Facilities



- This was the first significant revision of the requirements for LTC facilities since 1991.
- Implemented to achieve improvements in the quality of healthcare provided through federal programs, patient care safety, and to reduce procedural burdens on providers.



Overview of Regulation Reform

- The regulation reform implements a number of pieces of legislation from the Affordable Care Act (ACA) and the Improving Medicare Post-Acute Care Transformation (IMPACT) Act, including the following:
 - Quality Assurance and Performance Improvement (QAPI)
 - Reporting suspicion of a crime
 - Increased discharge planning requirements
 - Staff training section

*CMS Slide deck 5-15-17

continued

Three Phase Process

- Background: Revised Medicare and Medicaid requirements for participation for Long Term Care (LTC) facilities (42 CFR part 483, subpart B) were released on September 28, 2016 and became effective as of November 28, 2016, with a three-part phase-in of implementation dates over the next three years:
- Phase 1: Nov. 28, 2016
- Phase 2: Nov. 28, 2017
- Phase 3: Nov. 29, 2019
- New interpretive guidance issued June 20, 2017
- These requirements include the minimum health and safety standards that long- term care facilities must meet to participate in Medicaid and Medicare. The implementation date for Phase 2 of the revisions is November 28, 2017.



Why is CMS changing the LTC survey process?

- Two different survey processes existed to review for the Requirements of Participation (Traditional and QIS)
- Surveyors identified opportunities to improve the efficiency and effectiveness of both survey processes.
- The two processes appeared to identify slightly different quality of care/quality of life issues.
- CMS set out to build on the best of both the Traditional and QIS processes to establish a single nationwide survey process.
- One strength of the Traditional process was that surveyors could ask residents questions as they would like, which was retained in the New LTC Survey Process to promote surveyor autonomy.
- Having a computer-based process and using **pathways** as investigative tools were strengths of the QIS process that were used for the New LTC Survey Process.

continued

Implementation **ONS Side Dock 5-15-17

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



Phase 2 Requirement Inclusions:

- Behavioral Health Services
- Quality Assurance and Performance Improvements (QAPI Plan Only)
- Infection Control and Antibiotic Stewardship
- Physical Environment smoking policies
- Resident Rights and Facility Responsibilities Required Contact Information-
- Freedom from Abuse, Neglect, and Exploitation 1150B
- Admission, Transfer, and Discharge Rights Transfer/Discharge Documentation
- Comprehensive Person-Centered Care Planning
- Pharmacy Services psychotropic medications
- Dental Services replacing dentures
- Administration Facility Assessment

continued

Person Centered Care

Person-centered care: For purposes of this subpart, person-centered care means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.



New Survey Process

Goals of New Process

- · Same survey for entire country
- Strengths from Traditional & QIS
- New innovative approaches
- · Effective and efficient
- · Resident-centered
- · Balance between structure and surveyor autonomy



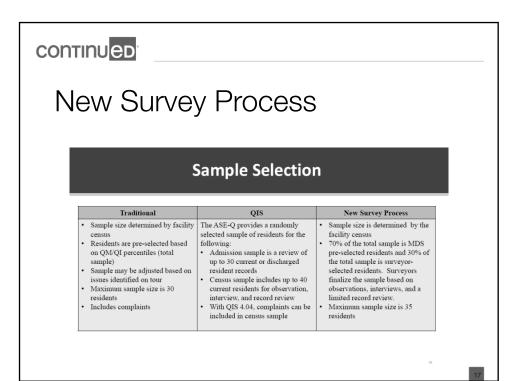
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New Survey Process

Automation

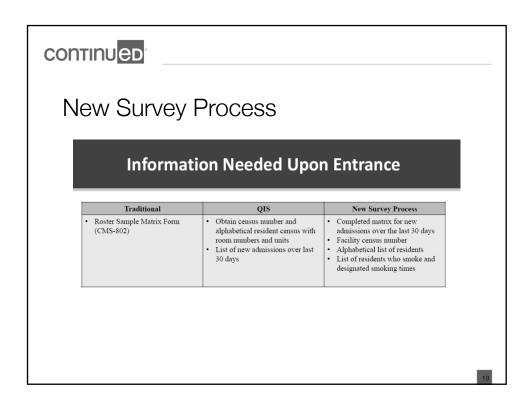
	Traditional	Quality Indicator Survey (QIS)	New Survey Process
•	Survey team collects data and records the findings on paper	Each survey team member uses a tablet PC throughout the survey	Each survey team member uses a tablet or laptop PC throughout the
•	The computer is only used to prepare the deficiencies recorded on the CMS-2567	process to record findings that are synthesized and organized by the QIS software	survey process to record findings that are synthesized and organized by new software

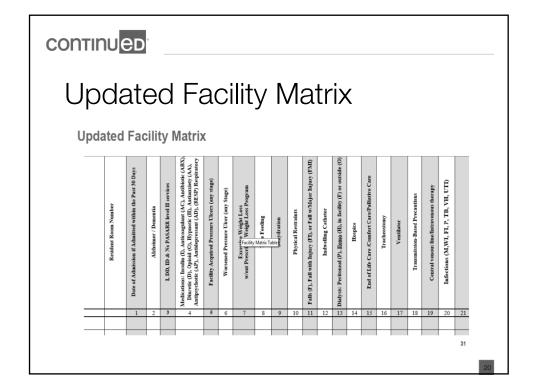




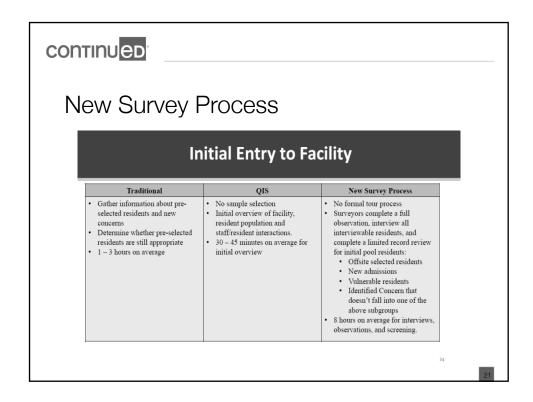
continued **New Survey Process** Offsite QIS New Survey Process · Review Casper 3 and 4 reports Review the Casper 3 report and Each team member independently Survey team uses QM/QIs report current complaints reviews the Casper 3 report and offsite to identify preliminary Download the MDS data to PCs other facility history information · ASE-Q selects a random sample sample of residents areas of Review offsite selected residents of residents for Stage 1 from and their indicators and the concern residents with MDS assessments in past 180 days

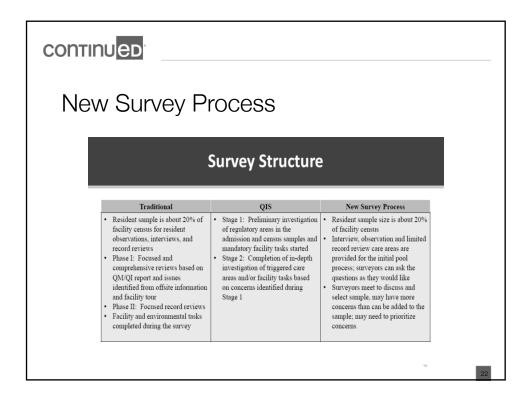




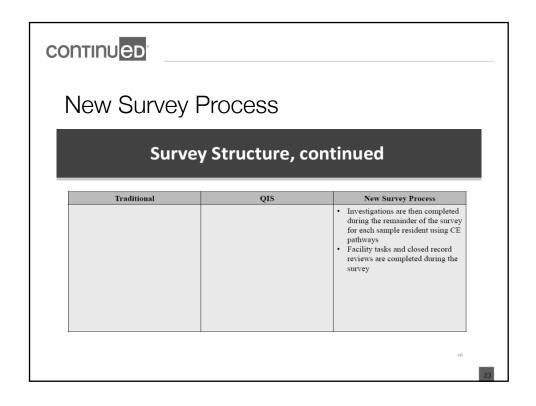


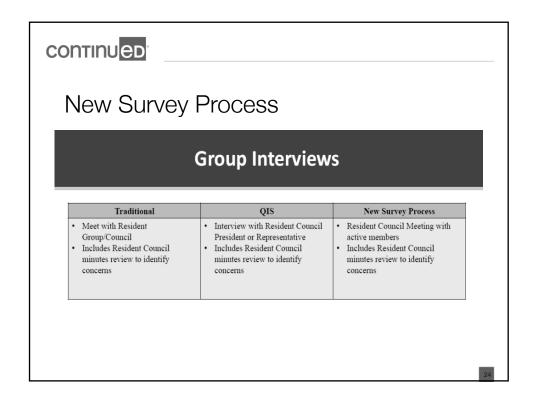














New Survey Process (continued)

Three parts to new Survey Process:

- 1. Initial pool process
- 2. Sample Selection
- 3. Investigation

continued

New Survey Process

Overview

- Initial Pool Process
 - Sample size based on census:
 - 70% offsite selected
 - 30% selected onsite by team:
 - $\circ\, Vulnerable$
 - o New Admission
 - $\circ Complaint$
 - oFRI (Facility Reported Incidents- federal only)
 - o Identified concern

3

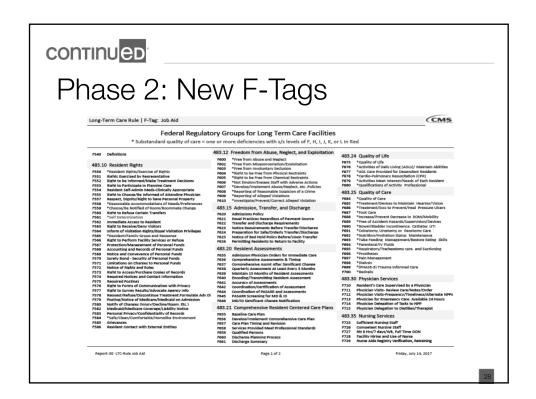




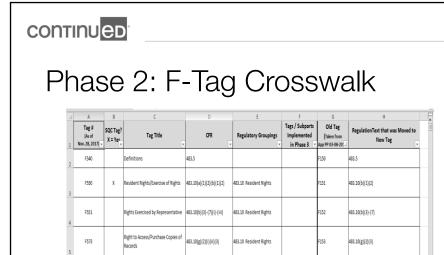
New Survey Process

Overview, continued

- · Select Sample
 - Survey team selects sample
- · Investigations
 - All concerns for sample residents requiring further investigation
 - oClosed records
 - oFacility tasks







483.10(c)(6)(8)(g)(12)(i)-(v) 483.10 Resident Rights

483.10(c)(2)(iii)

483.10(c)(6)(8)(g)(12)

continued

Updates: Resident Rights §483.10

- Describes basic rights of a resident in a SNF
- Examples given of non-compliance and survey procedures
- Additional language for visitation rights
- Section added for Advanced Directives
- Clarification of ABN
- Strong focus on:
 - Self-determination
 - Person centered care



Updates: Resident Rights §483.10

- Combines all residents' rights. (Largest section.)
- A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.
- The resident's wishes and preferences must be considered in the exercise of rights by the representative.

continued

Examples: Noncompliance

- Examples of noncompliance may include, but are not limited to:
- A resident has not been treated equally as compared to others based on his or her diagnosis, severity of condition, or payment source.
- Prohibiting a resident from participating in group activities as a form of reprisal or discrimination. This includes prohibiting a resident from group activities without clinical justification or evaluation of the impact the resident's participation has on the group.
- A resident's rights, not addressed elsewhere (for example, religious expression, voting, or freedom of movement outside the facility in the absence of a legitimate clinical need) are impeded in some way by facility staff.
- Requiring residents to seek approval to post, communicate or distribute information about the facility (for example, social media, letters to the editor of a newspaper).
- Acting on behalf of the pertinent law enforcement or criminal justice supervisory authority by enforcing supervisory conditions or reporting violations of those conditions to officials for justice involved residents.



Updates: Resident Representative

- §483.10(b)(7) In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident devolve to and are exercised by the resident representative appointed under State law to act on the resident's behalf. The court-appointed resident representative exercises the resident's rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law.
- (i) In the case of a resident representative whose decision-making authority is limited by State law or court appointment, the resident retains the right to make those decisions outside the representative's authority.
- (ii) The resident's wishes and preferences must be considered in the exercise of rights by the representative.
- (iii) To the extent practicable, the resident must be provided with opportunities to participate in the care planning process.

continued

Resident Rights

- The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.
- The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.



Person Centered Care Planning

- The right to participate in the development and implementation of his or her person centered plan of care, including but not limited to:
- The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care

continued[®]

Person Centered Goal Creation

 The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.



Person Centered Care Planning

- The right to be informed, in advance, of changes to the plan of care.
- The right to receive the services and/or items included in the plan of care.
- The right to see the care plan, including the right to sign after significant changes to the plan of care. "Allowing the resident to sign the care plan after changes are made documents the resident's involvement."

continued

Person Centered Care Planning

- The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must--
- Facilitate inclusion of resident and/or representative.
- Include assessment of resident's strengths and needs.
- Incorporate resident's personal and cultural preferences in developing goals of care.
- The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.



Culture Change: Consider Your Language...

- Community or home (instead of facility)
- Individual/person, people (instead of patient, even resident, elder?)
- Home, real home (instead of homelike)
- Meaningful engagement (instead of activities)
- Approaches (instead of interventions)
- Communications (instead of behaviors)
- Choice (instead of non-compliant)
- Decline (instead of refused)
- Worked with residents/passed meds (instead of worked the floor)
- Direct care workers/CNAs (instead of frontline staff)

continued

Specialized Rehabilitative Services §483.65

- Added Respiratory Services
- "Specialized Rehabilitative Services" includes but is not limited to physical therapy, speech-language pathology, occupational therapy, or respiratory therapy and are provided or arranged for by the nursing home. They are "specialized" in that they are provided based on each resident's individual assessed rehabilitative needs based on their comprehensive plan of care and can only be performed by or under the supervision of qualified personnel.
- These services must be provided by the facility or an outside resource and delivered by qualified personnel as defined below in the guidance under tag F826 and who are acting within the State's scope of practice laws and regulations.
- The facility must provide or arrange for the provision of specialized rehabilitative services to all residents that require these services for the appropriate length of time as assessed in their comprehensive plan of care. These services are considered a facility service provided to all residents who need them based on their comprehensive plan of care and are included within the scope of facility services.



Specialized Rehabilitative Services §483.65

- PROBES §483.65(a)(1)-(2)
- 1. Physical and occupational therapy:
- How did these services maintain, improve, or restore the individual's muscle strength, balance, range of motion, functional mobility or prevent or slow decline or deterioration in the individual's muscle strength?
- How are these services maintaining, improving or restoring the amount of activity the individual could do to maintain, improve or restore their independence?
- Effective November 28, 2017
- Do these services assist an individual in minimizing pain to enhance function and independence?
- How are these services maintaining, increasing or decreasing the amount of assistance needed by the individual to perform a task?
- How are these services maintaining, improving or restoring gross and fine motor coordination, including sensory awareness, visual-spatial awareness, and body integration?
- Do these services assist to maintain, improve or restore memory, problem solving, attention span, and the ability to recognize safety hazards?

continued

Specialized Rehabilitative Services §483.65

- Speech-language pathology:
- How are these services maintaining, improving or restoring auditory comprehension such as understanding common functional words, concepts of time and place, and conversation?
- How are these services maintaining, improving or restoring the functional abilities of individuals with moderate to severe hearing loss? For example, is the individual instructed how to effectively and independently use environmental controls to compensate for hearing loss such as eye contact, preferential seating, and use of the better ear or hearing aid?
- How are individuals who cannot speak or hear assessed for devices such as a communication board or an alternate means of communication?
- How are these services maintaining, improving or restoring the functional abilities of individuals with swallowing disorders? For example, are muscle re-education, swallowing, positioning, or food consistency modification techniques being employed to restore, improve, or maintain safe swallowing function?
- How are these services maintaining, improving or restoring the functional abilities of individuals with speech disorders? For example, are muscle re-education, positioning, breathing, or other techniques being employed to maintain, improve or restore the individual's ability to communicate verbally?



ROPS/Survey Pathways

 Critical element Pathways are associated with the new survey process and provide a systematic review of documentation, plans of care, and additionally include interview questions specific to the patient and caregivers.

continued

ADL Pathway- Overview

Use this pathway for a resident who requires assistance with or is unable to perform ADLs (Hygiene – bathing, dressing, grooming, and oral care; Elimination – toileting; Dining – eating, including meals and snacks; and Communication including – speech, language, and other functional communication systems) to determine if facility practices are in place to identify, evaluate, and intervene, to maintain, improve, or prevent an avoidable decline in ADLs. Refer to the Positioning/Mobility/ROM pathway, for concerns related to mobility (transfer, ambulation, walking), positioning, contractures, or ROM.



ADL Pathway- MDS Coding Review

Review the most current comprehensive assessment and most recent quarterly (if the comprehensive isn't the most recent assessment) MDS/CAAs for Sections C - Cognitive Patterns, E - Behavior - E0500 (Impact on Resident) and E0800 (Rejection of Care), F - Preferences for Customary Routine and Activities, G - Functional Status, J - Health Conditions - Pain, O - **Special**

Treatment/Proc/Prog – SLP (O0400A), OT (O0400B), PT (O0400C) and Restorative Nursing Program (O0500).

continued

Restraint Pathway

Use when a resident's clinical record reflects the use of a physical restraint; If the survey team observes a position change alarm or device or practice that restricts or potentially restricts a resident's freedom of movement; If the resident or other individuals report that a restraint is being used on the resident; or If an allegation of inappropriate use of a physical restraint is received.



Restraint Pathway- MDS Coding Review

Review the most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for Sections C – Cognitive Patterns, E – Behavior, G – Functional Status, J – Health Conditions (falls), and P – Restraints and Alarms.

continued

References

Submit all questions about the new survey process to

NH Survey Development mailbox:

NHSurveyDevelopment@cms.hhs.gov

Information about the survey process and implementation can be found at:

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

LTC Survey Pathways:

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



References

Training Website:

https://surveyortraining.cms.hhs.gov/index.aspx Click on: I am a Provider -Course Catalog -LTC Survey Process SME Videos

CMS Survey and Certification Home Page: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html

CMS Source for Requirements of Participation: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html

continued

References

- State Operations Manual: Appendix PP
- CMS Memorandum Ref: S&C: 17-36-NH: June 30, 2017
- CMS: New Long Term Care Survey Process: July 15,207
- Revised Interpretive Guidance for Nursing Homes and New Survey Process Call: July 25, 2017
- CMS Reform of Requirements for LTC Facilities: Final Rule: Audio-educator Call: August 31, 2017

