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

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

Moderated by:  
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## Skilled Nursing Facility State Survey Process - Providing Person-Centered Care

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

continued

## Learner Objectives

- 1) 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.
- 2) Explain the importance and methods for implementation of person-centered care and person-directed 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.

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## 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.

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## 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

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## 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.

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## 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.

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## Implementation

\*CMS Slide Deck 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

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## 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

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## 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.

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## 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
<ul style="list-style-type: none"> <li>• Survey team collects data and records the findings on paper</li> <li>• The computer is only used to prepare the deficiencies recorded on the CMS-2567</li> </ul>	Each survey team member uses a tablet PC throughout the survey process to record findings that are synthesized and organized by the QIS software	Each survey team member uses a tablet or laptop PC throughout the survey process to record findings that are synthesized and organized by new software

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## New Survey Process

### Sample Selection

Traditional	QIS	New Survey Process
<ul style="list-style-type: none"> <li>Sample size determined by facility census</li> <li>Residents are pre-selected based on QM/QI percentiles (total sample)</li> <li>Sample may be adjusted based on issues identified on tour</li> <li>Maximum sample size is 30 residents</li> <li>Includes complaints</li> </ul>	<p>The ASE-Q provides a randomly selected sample of residents for the following:</p> <ul style="list-style-type: none"> <li>Admission sample is a review of up to 30 current or discharged resident records</li> <li>Census sample includes up to 40 current residents for observation, interview, and record review</li> <li>With QIS 4.04, complaints can be included in census sample</li> </ul>	<ul style="list-style-type: none"> <li>Sample size is determined by the facility census</li> <li>70% of the total sample is MDS pre-selected residents and 30% of the total sample is surveyor-selected residents. Surveyors finalize the sample based on observations, interviews, and a limited record review.</li> <li>Maximum sample size is 35 residents</li> </ul>

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## New Survey Process

### Offsite

Traditional	QIS	New Survey Process
<ul style="list-style-type: none"> <li>Review Casper 3 and 4 reports</li> <li>Survey team uses QM/QIs report offsite to identify preliminary sample of residents areas of concern</li> </ul>	<ul style="list-style-type: none"> <li>Review the Casper 3 report and current complaints</li> <li>Download the MDS data to PCs</li> <li>ASE-Q selects a random sample of residents for Stage 1 from residents with MDS assessments in past 180 days</li> </ul>	<ul style="list-style-type: none"> <li>Each team member independently reviews the Casper 3 report and other facility history information</li> <li>Review offsite selected residents and their indicators and the facility rates.</li> </ul>

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## New Survey Process

### Information Needed Upon Entrance

Traditional	QIS	New Survey Process
<ul style="list-style-type: none"> <li>Roster Sample Matrix Form (CMS-802)</li> </ul>	<ul style="list-style-type: none"> <li>Obtain census number and alphabetical resident census with room numbers and units</li> <li>List of new admissions over last 30 days</li> </ul>	<ul style="list-style-type: none"> <li>Completed matrix for new admissions over the last 30 days</li> <li>Facility census number</li> <li>Alphabetical list of residents</li> <li>List of residents who smoke and designated smoking times</li> </ul>

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## Updated Facility Matrix

### Updated Facility Matrix

Resident Room Number	Date of Admission if Admitted within the Past 30 Days	Alzheimer / Dementia	I, DD, ID & No PASARR level II services	Medications: Insulin (I), Anticoagulant (AC), Antibiotic (AB), Diuretic (D), Opoid (O), Hypnotic (H), Anesthetic (AA), Anesthetics (AP), Antidepressant (AD), (RES) Respiratory	Facility Acquired Pressure Ulcers (any stage)	Worsened Pressure Ulcer (any stage)	Excessive Weight Loss without Prescribed Weight Loss Program	Feeding	Physical Restraints	Falls (F), Fall with Injury (FI), or Fall w/Major Injury (FMI)	Intubating Culture	Diagnosis: Peritoneal (P), Hemo (H), in facility (F) or outside (O)	Hospice	End of Life Care / Comfort Care/Palliative Care	Tracheostomy	Ventilator	Transmission Based Precautions	Central venous line/Intravenous therapy	Infections (M,VI, FI, P, TB, VH, UTI)		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

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## New Survey Process

### Initial Entry to Facility

Traditional	QIS	New Survey Process
<ul style="list-style-type: none"> <li>Gather information about pre-selected residents and new concerns</li> <li>Determine whether pre-selected residents are still appropriate</li> <li>1 – 3 hours on average</li> </ul>	<ul style="list-style-type: none"> <li>No sample selection</li> <li>Initial overview of facility, resident population and staff/resident interactions.</li> <li>30 – 45 minutes on average for initial overview</li> </ul>	<ul style="list-style-type: none"> <li>No formal tour process</li> <li>Surveyors complete a full observation, interview all interviewable residents, and complete a limited record review for initial pool residents:               <ul style="list-style-type: none"> <li>Offsite selected residents</li> <li>New admissions</li> <li>Vulnerable residents</li> <li>Identified Concern that doesn't fall into one of the above subgroups</li> </ul> </li> <li>8 hours on average for interviews, observations, and screening.</li> </ul>

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## New Survey Process

### Survey Structure

Traditional	QIS	New Survey Process
<ul style="list-style-type: none"> <li>Resident sample is about 20% of facility census for resident observations, interviews, and record reviews</li> <li>Phase I: Focused and comprehensive reviews based on QM/QI report and issues identified from offsite information and facility tour</li> <li>Phase II: Focused record reviews</li> <li>Facility and environmental tasks completed during the survey</li> </ul>	<ul style="list-style-type: none"> <li>Stage 1: Preliminary investigation of regulatory areas in the admission and census samples and mandatory facility tasks started</li> <li>Stage 2: Completion of in-depth investigation of triggered care areas and/or facility tasks based on concerns identified during Stage 1</li> </ul>	<ul style="list-style-type: none"> <li>Resident sample size is about 20% of facility census</li> <li>Interview, observation and limited record review care areas are provided for the initial pool process; surveyors can ask the questions as they would like</li> <li>Surveyors meet to discuss and select sample, may have more concerns than can be added to the sample; may need to prioritize concerns</li> </ul>

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## New Survey Process

### Survey Structure, continued

Traditional	QIS	New Survey Process
		<ul style="list-style-type: none"> <li>Investigations are then completed during the remainder of the survey for each sample resident using CE pathways</li> <li>Facility tasks and closed record reviews are completed during the survey</li> </ul>

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## New Survey Process

### Group Interviews

Traditional	QIS	New Survey Process
<ul style="list-style-type: none"> <li>Meet with Resident Group/Council</li> <li>Includes Resident Council minutes review to identify concerns</li> </ul>	<ul style="list-style-type: none"> <li>Interview with Resident Council President or Representative</li> <li>Includes Resident Council minutes review to identify concerns</li> </ul>	<ul style="list-style-type: none"> <li>Resident Council Meeting with active members</li> <li>Includes Resident Council minutes review to identify concerns</li> </ul>

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## New Survey Process (continued)

Three parts to new Survey Process:

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

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## New Survey Process

### Overview

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

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## New Survey Process

### Overview, continued

- Select Sample
  - Survey team selects sample
- Investigations
  - All concerns for sample residents requiring further investigation
    - Closed records
    - Facility tasks

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## Phase 2: New F-Tags

Long-Term Care Rule | F-Tag: Job Aid



### Federal Regulatory Groups for Long Term Care Facilities

\* Substandard quality of care = one or more deficiencies with s/s levels of F, H, I, K, or L in Red

F540 Definitions	483.12 Freedom from Abuse, Neglect, and Exploitation	483.24 Quality of Life
483.10 Resident Rights	F600 *Free from Abuse and Neglect	F675 *Quality of Life
F550 *Resident Rights/Exercise of Rights	F602 *Free from Misrepresentation/Isolation	F676 *Activities of Daily Living (ADLs)/ Maintain Abilities
F551 *Rights Exercised by Representative	F603 *Free from Involuntary Seclusion	F677 *Adequate Care Provided for Dependent Residents
F552 *Right to be Informed/Make Treatment Decisions	F604 *Right to be Free from Physical Restraints	F678 *Cardio-Pulmonary Resuscitation (CPR)
F553 *Right to Participate in Planning Care	F605 *Right to be Free from Chemical Restraints	F679 *Activities Meet Interest/Needs of Each Resident
F554 *Resident Self-Admin Meds/Clinically Appropriate	F606 *Just Enroll/Transfer Staff with Adverse Actions	F680 *Qualifications of Activity Professional
F555 *Right to Choose/Be Informed of Attending Physician	F607 *Review/Implement Abuse/Neglect, etc. Policies	
F557 *Respect, Dignity/Right to have Personal Property	F608 *Reporting of Reasonable Suspicion of a Crime	
F558 *Reasonable Accommodations of Needs/Preferences	F609 *Reporting of Alleged Violations	
F559 *Choose/Be Notified of Room/Roommate Change	F610 *Investigate/Prevent/Correct Alleged Violation	
F560 *Right to Refuse Certain Transfers		
F561 *Self Determination	483.15 Admission, Transfer, and Discharge	483.25 Quality of Care
F562 *Immediate Access to Resident	F620 Admissions Policy	F684 *Quality of Care
F563 *Right to Receive/Deney Visitors	F621 *Basic Practices Regardless of Payment Source	F685 *Treatment/Plan to Maintain Hearing/Vision
F564 *Form of Visitation Rights/Equal Visitation Privileges	F622 Transfer and Discharge Requirements	F686 *Treatment/Plan to Prevent/Heal Pressure Ulcers
F565 *Resident/Family Groups and Resources	F623 Notice Requirements Before Transfer/Discharge	F687 *Foot Care
F566 *Right to Perform Facility Services or Refuse	F624 Preparation for Safe/Orderly Transfer/Discharge	F688 *Increase/Prevent Decrease in ROM/Mobility
F567 *Protection/Management of Personal Funds	F625 Notice of Bed Hold Policy Before/Upon Transfer	F689 *Free of Accident Hazards/Supervision/Devices
F568 *Accounting and Records of Personal Funds	F626 Permitting Residents to Return to Facility	F690 *Bowel/Bladder Incontinence, Catheter, UTI
F569 *Notice and Conveyance of Personal Funds		F691 *Colostomy, Urostomy or Ileostomy Care
F570 *Surety Bond - Security of Personal Funds	483.20 Resident Assessments	F692 *Nutrition/Hydration Status Maintenance
F571 *Limitations on Charges to Personal Funds	F635 Admission Physician Orders for Immediate Care	F693 *Tube Feeding Management/Restore Eating Skills
F572 *Notice of Rights and Rules	F636 Comprehensive Assessments & Timing	F694 *Parenteral/IV Fluids
F573 *Right to Access/Purchase Copies of Records	F637 Comprehensive Assess After Significant Change	F695 *Respiratory/Tracheostomy Care and Suctioning
F574 *Required Notices and Contact Information	F638 Quarterly Assessment At Least Every 3 Months	F696 *Prosthetics
F575 *Required Postures	F639 Maintain 15 Months of Resident Assessments	F697 *Pain Management
F576 *Right to Forms of Communication with Privacy	F640 Encoded/Transmitting Resident Assessment	F698 *Dialysis
F577 *Right to Survey Results/Advocate Agency Info	F641 Accuracy of Assessments	F699 *Trauma Informed Care
F578 *Respect/Refuse/Discontinue Treatment/Formulate Adv Op	F642 Coordination/Certification of Assessment	F700 *Bedrails
F579 *Notice/Notice of Medicare/Medicaid on Admission	F643 Coordination of PACE and Assessments	
F580 *Notice of Changes (Injury/Decline/Room, etc.)	F645 PASARR Screening for MD & ID	483.30 Physician Services
F581 *Medical/Medicare Coverage/Liability Notice	F646 MD-to Significant Change Notification	F710 Resident's Care Supervised by a Physician
F582 *Personal Privacy/Confidentiality of Records	483.21 Comprehensive Resident Centered Care Plans	F711 Physician Visits- Review Care/Notes/Order
F583 *Safe/Clean/Comfortable/Homelike Environment	F655 Baseline Care Plan	F712 Physician Visits-Frequency/Timeliness/Alternate NPP
F584 *Grievances	F656 Develop/Implement Comprehensive Care Plan	F713 Physician for Emergency Care, Available 24 Hours
F585 *Resident Contact with External Entities	F657 Care Plan Timing and Revision	F714 Physician Delegation of Tasks to NPP
	F658 Services Provided Meet Professional Standards	F715 Physician Delegation to Dietitian/Therapist
	F659 Qualified Person	
	F660 Discharge Planning Process	483.35 Nursing Services
	F661 Discharge Summary	F725 Sufficient Nursing Staff
		F726 Competent Nursing Staff
		F727 RN RPT/PT/dnc/NLP, Full Time DON
		F728 Facility Hiring and Use of Nurse
		F729 Nurse Aide Registry Verification, Retraining

Report-30-LTC-Rule Job Aid

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## Phase 2: F-Tag Crosswalk

A	B	C	D	E	F	G	H
Tag # (As of Nov. 28, 2015)	SQC Tag? X = Yes	Tag Title	CFR	Regulatory Groupings	Tags / Subparts Implemented in Phase 3	Old Tag (Taken from App PP 03-08-201...)	RegulationText that was Moved to New Tag
F540		Definitions	483.5			F150	483.5
F550	X	Resident Rights/Exercise of Rights	483.10(a)(1)(2)(b)(1)(2)	483.10 Resident Rights		F151	483.10(b)(1)(2)
F551		Rights Exercised by Representative	483.10(b)(3)-(7)(i)-(iii)	483.10 Resident Rights		F152	483.10(b)(3)-(7)
F573		Right to Access/Purchase Copies of Records	483.10(g)(2)(i)(ii)(3)	483.10 Resident Rights		F153	483.10(g)(2)(3)
F552		Right to be Informed/Make Treatment Decisions	483.10(c)(1)(4)(5)	483.10 Resident Rights		F154	483.10(c)(1)(4)(5)
F553		Right to Participate in Planning Care	483.10(c)(2)(3)	483.10 Resident Rights		F154	483.10(c)(2)(iii)
F576		Request/Refuse/Discontinue Treatment-Formulate Adv Directives	483.10(c)(6)(8)(g)(12)(i)-(v)	483.10 Resident Rights		F155	483.10(c)(6)(8)(g)(12)
F676	X	Cardio-Pulmonary Resuscitation (CPR)	483.24(a)(3)	483.24 Quality of Life		F155	483.24(a)(3)

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### 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

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## 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.**

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## 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.*

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## 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.

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## 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.

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## 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

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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.**

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## 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."

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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.

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## 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)

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## 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.

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## 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?*

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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?*

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continued

## 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.

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## 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.

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## 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).

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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.

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continued

## 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.

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continued

## References

Submit all questions about the new survey process to

NH Survey Development mailbox:

[NHSurveyDevelopment@cms.hhs.gov](mailto: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.html>

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## 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>

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## 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, 2017
- 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

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