New Long Term Care Survey Process

Disclaimer

- The information provided within these slides are current as of May 15, 2017. It provides information related to the CMS' intent to implement the survey process on November 28, 2017 and the policies and procedures based on development to date.

- This presentation will be updated as new information becomes available.
Overview

• Overview of Regulation Reform
• F-Tag Renumbering
• New Interpretive Guidance (IG)
• Current Survey Processes vs. New Survey Process
• New LTC Survey Process
• LTC Surveyor Training
• State Preparation
• Questions?

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

### Implementation Grid

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

- Implement by November 28, 2017
- Providers must be in compliance with Phase 2 regulations
- All States will use new computer–based survey process for LTC surveys
- All training on new survey process needs to be completed before go live date

Phase 2 of LTC Regulations (continued)

Phase 2 includes:
- Behavioral Health Services
- Quality Assurance and Performance Improvements (QAPI Plan Only)
- Infection Control and Antibiotic Stewardship
- Physical Environment – smoking policies
Phase 2 includes, but is not limited to:

- Resident Rights and Facility Responsibilities – Required Contact Information
- Freedom from Abuse, Neglect, and Exploitation – 1150B
- Admission, Transfer, and Discharge Rights – Transfer/Discharge Documentation

Phase 2 of LTC Regulations, continued

Phase 2 includes, but is not limited to:

- Comprehensive Person-Centered Care Planning
- Pharmacy Services – psychotropic medications
- Dental Services – replacing dentures
- Administration – Facility Assessment
The image above is the F Tag Crosswalk showing:

- The original regulatory grouping and the new associated grouping
- The original regulation number and the new associated regulation number
- The original F Tag and the associated new F Tag
F Tag Renumbering, continued

New Interpretive Guidance (IG)
New Interpretive Guidance (IG)

- CMS is in the process of updating information for Appendices P and PP. Once the guidance is approved it will be available in the SOM.
- States should ensure surveyors use the most recent version of the regulation and IG
- CMS plans to release the Guidance in early summer 2017

Surveyor Minimum Qualifications Test (SMQT) and the New Regulations

- SMQT will not reflect any new regulations/guidance at this time
- SMQT will be suspended November and December 2017
- The test is scheduled to be updated to reflect new guidance/regulations for January 2018
Current Survey Processes vs. New Survey Process

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.
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

Automation

<table>
<thead>
<tr>
<th>Traditional</th>
<th>Quality Indicator Survey (QIS)</th>
<th>New Survey Process</th>
</tr>
</thead>
</table>
| • Survey team collects data and records the findings on paper  
• The computer is only used to prepare the deficiencies recorded on the CMS-2567 | 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 |
### Sample Selection

<table>
<thead>
<tr>
<th>Traditional</th>
<th>QIS</th>
<th>New Survey Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sample size determined by facility census</td>
<td>The ASE-Q provides a randomly selected sample of residents for the following: • Admission sample is a review of up to 30 current or discharged resident records</td>
<td>• Sample size is determined by the facility census</td>
</tr>
<tr>
<td>• Residents are pre-selected based on QM/QI percentiles (total sample)</td>
<td>• Census sample includes up to 40 current residents for observation, interview, and record review</td>
<td>• 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.</td>
</tr>
<tr>
<td>• Sample may be adjusted based on issues identified on tour</td>
<td>• With QIS 4.04, complaints can be included in census sample</td>
<td>• Maximum sample size is 35 residents</td>
</tr>
<tr>
<td>• Maximum sample size is 30 residents</td>
<td>• Includes complaints</td>
<td></td>
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</tbody>
</table>

### Offsite

<table>
<thead>
<tr>
<th>Traditional</th>
<th>QIS</th>
<th>New Survey Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Review Casper 3 and 4 reports</td>
<td>• Review the Casper 3 report and current complaints</td>
<td>• Each team member independently reviews the Casper 3 report and other facility history information</td>
</tr>
<tr>
<td>• Survey team uses QM/QIs report offsite to identify preliminary sample of residents areas of concern</td>
<td>• Download the MDS data to PCs</td>
<td>• Review offsite selected residents and their indicators and the facility rates.</td>
</tr>
<tr>
<td></td>
<td>• ASE-Q selects a random sample of residents for Stage 1 from residents with MDS assessments in past 180 days</td>
<td></td>
</tr>
</tbody>
</table>
### Information Needed Upon Entrance

<table>
<thead>
<tr>
<th>Traditional</th>
<th>QIS</th>
<th>New Survey Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Roster Sample Matrix Form (CMS-802)</td>
<td>• Obtain census number and alphabetical resident census with room numbers and units</td>
<td>• Completed matrix for new admissions over the last 30 days</td>
</tr>
<tr>
<td></td>
<td>• List of new admissions over last 30 days</td>
<td>• Facility census number</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Alphabetical list of residents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• List of residents who smoke and designated smoking times</td>
</tr>
</tbody>
</table>

### Initial Entry to Facility

<table>
<thead>
<tr>
<th>Traditional</th>
<th>QIS</th>
<th>New Survey Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Gather information about pre-selected residents and new concerns</td>
<td>• No sample selection</td>
<td>• No formal tour process</td>
</tr>
<tr>
<td>• Determine whether pre-selected residents are still appropriate</td>
<td>• Initial overview of facility, resident population and staff/resident interactions.</td>
<td>• Surveyors complete a full observation, interview all interviewable residents, and complete a limited record review for initial pool residents:</td>
</tr>
<tr>
<td>• 1 – 3 hours on average</td>
<td>• 30 – 45 minutes on average for initial overview</td>
<td>• Offsite selected residents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• New admissions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Vulnerable residents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Identified Concern that doesn’t fall into one of the above subgroups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 8 hours on average for interviews, observations, and screening.</td>
</tr>
</tbody>
</table>
### Survey Structure

<table>
<thead>
<tr>
<th>Traditional</th>
<th>QIS</th>
<th>New Survey Process</th>
</tr>
</thead>
</table>
| • Resident sample is about 20% of facility census for resident observations, interviews, and record reviews  
• Phase I: Focused and comprehensive reviews based on QM/QI report and issues identified from offsite information and facility tour  
• Phase II: Focused record reviews  
• Facility and environmental tasks completed during the survey | • Stage 1: Preliminary investigation of regulatory areas in the admission and census samples and mandatory facility tasks started  
• Stage 2: Completion of in-depth investigation of triggered care areas and/or facility tasks based on concerns identified during Stage 1 | • Resident sample size is about 20% of facility census  
• Interview, observation and limited record review care areas are provided for the initial pool process; surveyors can ask the questions as they would like  
• Surveyors meet to discuss and select sample, may have more concerns than can be added to the sample; may need to prioritize concerns |

### Survey Structure, continued

<table>
<thead>
<tr>
<th>Traditional</th>
<th>QIS</th>
<th>New Survey Process</th>
</tr>
</thead>
</table>
| | | • Investigations are then completed during the remainder of the survey for each sample resident using CE pathways  
• Facility tasks and closed record reviews are completed during the survey |
### Traditional
- Meet with Resident Group/Council
- Includes Resident Council minutes review to identify concerns

### QIS
- Interview with Resident Council President or Representative
- Includes Resident Council minutes review to identify concerns

### New Survey Process
- Resident Council Meeting with active members
- Includes Resident Council minutes review to identify concerns

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**New LTC Survey Process Overview**
The new survey process builds on the best of both survey processes.
Process is computer software-based
Input from various stakeholders
Survey process and software are in testing and development and validation

Three parts to new Survey Process:
1. Initial pool process
2. Sample Selection
3. Investigation
Development Sources

- Current QIS/Traditional Processes
- State Survey Agencies
- Regional Offices
- CMS Central Office
- University of Colorado
- Technical Expert Panel
- Literature review & data analyses

Testing and Validation

- Testing and validation is ongoing
- Diverse selection criteria
  - Small & large facilities
  - Urban & Rural facilities
  - Variations in 5-star ratings
  - Geographically diverse facilities
- Use of broad group of RO, SA, and contract surveyors to test process and software
- Equal use of QIS and traditional states
- Use of analytic teams
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

Overview, continued

- Select Sample
  - Survey team selects sample
- Investigations
  - All concerns for sample residents requiring further investigation
    - Closed records
    - Facility tasks
Section I. Offsite Prep

Offsite Preparation

- Team Coordinator (TC) completes offsite preparation
  - Repeat deficiencies
  - Results of last Standard survey
  - Complaints
  - FRIs (Facility Reported Incidences- federal only)
  - Variances/waivers
- Necessary documents are printed
Offsite Preparation, continued

- Unit and mandatory facility task assignments
  - Dining
  - Infection Control
  - Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review
  - Resident Council Meeting

Offsite Preparation, continued

- Unit and facility task assignments, continued
  - Kitchen
  - Medication administration and storage
  - Sufficient and competent nurse staffing
  - QAA/QAPI
- No offsite preparation meeting
Section II. Facility Entrance

Facility Entrance

- Team Coordinator (TC) conducts an Entrance Conference
  - Updated Entrance Conference Worksheet
  - Updated facility matrix
- Brief visit to the kitchen
- Surveyors go to assigned areas
### Section III. Initial Pool Process

#### Updated Facility Matrix (Draft)

<table>
<thead>
<tr>
<th>Resident Room Number</th>
<th>Date of Admission if Admitted within the Past 30 Days</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Alzheimer / Dementia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I, DD, BD &amp; No PASARR level II services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications: Insulin (I), Anticoagulant (AC), Antibiotic (ABX), Diuretic (D), Opioid (O), Hypoglyc (H), Antianxiety (AA), Antipsychotic (AP), Antidepressant (AD), O2/Resp Respiratory</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Facility Acquired Pressure Ulcer (any stage)</td>
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<tr>
<td></td>
<td>Worsened Pressure Ulcer (any Stage)</td>
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<tr>
<td></td>
<td>Excessive Weight Loss</td>
<td></td>
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<tr>
<td></td>
<td>without Prescribed Weight Loss Program</td>
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<tr>
<td></td>
<td>Tube Feeding</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Dehydration</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Physical Restrainers</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Falls (F), Fall with Injury (FI), or Fall w/Major Injury (FM)</td>
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<tr>
<td></td>
<td>Indwelling Catheter</td>
<td></td>
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<td></td>
<td>Dialysis: Peritoneal (P), Renal (R), in facility (F) or outside (O)</td>
<td></td>
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<tr>
<td></td>
<td>Hospital</td>
<td></td>
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<tr>
<td></td>
<td>End of Life Care/Centurial Care/Palliative Care</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Tracheostomy</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Ventilator</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Transmission-Based Precautions</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Cenral venous line/Infusion therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Infections (M, W, I, P, TB, VI, UTI)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Initial Pool Process

- Surveyor request names of new admissions
- Identify initial pool—about eight residents
  - Offsite selected
  - Vulnerable
  - New admissions
  - Complaints or FRIs (Facility Reported Incidences- federal only)
  - Identified concern

Resident Interviews

- Screen every resident
- Suggested questions—but not a specific surveyor script
- Must cover all care areas
- Includes Rights, QOL, QOC
- Investigate further or no issue
Surveyor Observations

- Cover all care areas and probes
- Conduct rounds
- Complete formal observations
- Investigate further or no issue

Resident Representative/Family Interviews

- Non-interviewable residents
- Familiar with the resident’s care
- Complete at least three during initial pool process or early enough to follow up on concerns
- Sampled residents if possible
- Investigate further or no issue
Limited Record Review

- Conduct limited record review after interviews and observations are completed prior to sample selection.
- All initial pool residents: advance directives and confirm specific information
- If interview not conducted: review certain care areas in record
- Confirm insulin, anticoagulant, and antipsychotic with a diagnosis of Alzheimer’s or dementia, and PASARR (Pre-Admission Screening and Resident Review)

Limited Record Review, continued

- New admissions – broad range of high-risk medications
- Extenuating circumstances, interview staff
- Investigate further or no issue
Dining – First Full Meal

• Dining – observe first full meal
  ▪ Cover all dining rooms and room trays
  ▪ Observe enough to adequately identify concerns
  ▪ If feasible, observe initial pool residents with weight loss
  ▪ If concerns identified, observe another meal

Team Meetings

• Brief meeting at the end of each day
  ▪ Workload
  ▪ Coverage
  ▪ Concern
  ▪ Synchronize/share data (if needed)
Section IV. Sample Selection

Sample Selection

- Select sample
- Prioritize using sampling considerations:
  - Replace discharged residents selected offsite with those selected onsite
  - Can replace residents selected offsite with rationale
  - Harm, SQC if suspected, IJ if identified
  - Abuse Concern
  - Transmission based precautions
  - All MDS indicator areas if not already included
Sample Selection – Unnecessary Medication Review

- System selects five residents for full medication review
- Based on observation, interview, record review, and MDS
- Broad range of high-risk medications and adverse consequences
- Residents may or may not be in sample

Section V. Investigation
Resident Investigation – General Guidelines

- Conduct investigations for all concerns that warrant further investigation for sampled residents
- Continuous observations, if required
- Interview representative, if appropriate, when concerns are identified

Investigations

- Majority of time spent observing and interviewing with relevant review of record to complete investigation
- Use Appendix PP and critical elements (CE) pathways
Section VI. Ongoing and Other Survey Activities

- Complete timely during the investigation portion of survey
- Unexpected death, hospitalization, and community discharge last 90 days
- System selected or discharged resident
- Use Appendix PP and CE pathways
Facility Task Investigations

- Complete any time during investigation
- Use facility task pathways
- CE compliance decision

Dining – Subsequent Meal, if Needed

- Second meal observed if concerns noted
- Use Appendix PP and CE Pathway for Dining
- Dining task is completed outside any resident specific investigation into nutrition and/or weight loss
Infection Control

- Throughout survey, all surveyors should observe for infection control
- Assigned surveyor coordinates a review of influenza and pneumococcal vaccinations
- Assigned surveyor reviews infection prevention and control, and antibiotic stewardship program

SNF Beneficiary Protection Notification Review

- A new pathway has been developed
- List of residents (home and in-facility)
- Randomly select three residents
- Facility completes new worksheet
- Review worksheet and notices
Kitchen Observation

- In addition to the brief kitchen observation upon entrance, conduct full kitchen investigation
- Follow Appendix PP and Facility Task Pathway to complete kitchen investigation

Medication Administration

- Recommend nurse or pharmacist
- Include sample residents, if opportunity presents itself
- Reconcile controlled medications if observed during medication administration
- Observe different routes, units, and shifts
- Observe 25 medication opportunities
Medication Storage

- Observe half of medication storage rooms and half of medication carts
- If issues, expand medication room/cart

Resident Council Meeting

- Group interview with active members of the council
- Complete early to ensure investigation if concerns identified
- Refer to updated Pathway
**Sufficient and Competent Nurse Staffing Review**

- Is a mandatory task, refer to revised Facility Task Pathway
- Sufficient and competent staff
- Throughout the survey, consider if staffing concerns can be linked to QOL and QOC concerns

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**Environment**

- Investigate specific concerns
- Eliminate redundancy with LSC
  - Disaster and Emergency Preparedness
  - O2 storage
  - Generator
Section VII. Potential Citations

Potential Citations

- Team makes compliance determination.
  - Compliance decisions reviewed by team
  - Scope and severity (S/S)
- Conduct exit conference and relay potential areas of deficient practice
LTC Survey Training

Basic Long Term Care Course (BLTCC) and Training Implications

• Suspension of Traditional and QIS BLTCC from July thru December 2017
• New BLTCC will be conducted starting January 2018
Training Layers

Availability of Training to Providers and the Public

RO Management and Enforcement Training

High level management overview training
- Phase 2 regulations and IG
- New LTC survey process
**RO Management and Enforcement Training**

Webinar opens July 3, 2017

**RO Ambassador**

- First to be trained
- Will receive specialized training
- Assist in training their Regional Offices
- Plays a role in the SA trainer training as well as the SA surveyor training
RO Ambassador, continued

- Resource for both the Regional Office and State Agencies during training and implementation
- Supports individual states and aids in trouble shooting and communication between the ROs and SAs

RO Ambassador Training

In-person Training
July 10th thru 14th, 2017
• Second group to be trained
• Supports RO Ambassadors
• Mandatory computer-based live interactive training

Webinar Training
July 17th thru 20th, 2017
SA Management Training

High level management overview training
• Phase 2 regulations and IG
• New LTC survey process

SA Management Training

Webinar opens
July 24, 2017
SA Trainer

- Third group to be trained
- Resource within the SA during training and implementation
- Communication and collaboration with RO Ambassador

SA Trainer Training

In-person Training
- East Coast: July 31st- August 3rd
- West Coast: August 7th- August 10th
SA Surveyors

- The largest group to be trained
- Mandatory computer-based live interactive training

State Agency (SA) Surveyors

SA Surveyors Training

<table>
<thead>
<tr>
<th>Regional Office</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>RO1 (Boston)</td>
<td>August 14th-18th</td>
</tr>
<tr>
<td>RO2 (NY City)</td>
<td>August 14th-18th</td>
</tr>
</tbody>
</table>
## SA Surveyors Training

<table>
<thead>
<tr>
<th>Regional Office</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>RO3 (Philadelphia)</td>
<td>August 21st-24th</td>
</tr>
<tr>
<td>RO4 (Atlanta)</td>
<td>August 28th-31st</td>
</tr>
</tbody>
</table>

State Agency (SA) Surveyors

## SA Surveyors Training

<table>
<thead>
<tr>
<th>Regional Office</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>RO5 (Chicago)</td>
<td>Sept 5th-8th</td>
</tr>
<tr>
<td>RO6 (Dallas)</td>
<td>Oct 2nd-5th</td>
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</tbody>
</table>

State Agency (SA) Surveyors
### SA Surveyors Training

<table>
<thead>
<tr>
<th>Regional Office</th>
<th>Date</th>
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<tbody>
<tr>
<td>RO7 (Kansas City)</td>
<td>Sept 18th-21st</td>
</tr>
<tr>
<td>RO8 (Denver)</td>
<td>Sept 18th-21st</td>
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### SA Surveyors Training

<table>
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<th>Regional Office</th>
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<tbody>
<tr>
<td>RO9 (San Francisco)</td>
<td>Sept 25th-28th</td>
</tr>
<tr>
<td>RO10 (Seattle)</td>
<td>Sept 25th-28th</td>
</tr>
</tbody>
</table>
RO & SA Surveyors Make-up Training

Regional Office and State Agency Training Make-up Dates:
• Oct. 10th – 13th
• Oct. 16th – 19th

RO & SA - IT and Software Training

• ASPEN Coordinators/IT Support - August/September 2017, Longmont, CO

• Computer-Based Training Modules to be available on-demand
Available Training for Providers and the Public

- National Calls and Q&As – Summer/Fall 2017
- Access to Surveyor Training Materials (RO/SA management webinar)
- Videos on Highlights of the Interpretive Guidance
- Training Tools access to Survey Forms and CE Pathways
Survey Agency Preparation

• Spread the word about changes
• Know the implementation dates
• Have a state plan for readiness and implementation
• Budget for increased training needs
• Review hardware requirements and options
• Know your state training dates

Survey Agency Preparation, continued

• Review level of IT support for your State Survey Agency
• Check and validate network accessibility, security protocols, and/or any firewall issues.
• Assess surveyor computer skills

Start generalized computer training now!
Survey Agency Preparation, continued

- Implementation of survey process on national level November 28, 2017
- Phase 2 of LTC regulations required for implementation November 2017
- New CMS approved Basic LTC training material will be released in January 2018
- States may need to revise their State Agency training program
- CMS will continue open communication with Association of Health Facility Survey Agencies (AHFSA) to promote successful implementation

Identify:

- Leadership roles within your State
- Point of communication between RO/SA/CO
- Training needs within your State
- Policy creation for State-specific areas
Communication and Collaboration are Key!

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