



Center for Medicaid, CHIP, and Survey & Certification/Survey & Certification Group

Ref: S&C-10-27-NH

**DATE:** July 30, 2010

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey & Certification Group

**SUBJECT:** Advance Copy - Description of Temporary Changes to Appendix P, State Operations Manual (SOM), Traditional Survey Process for Long Term Care Facilities (LTC) as a Result of the Minimum Data Set (MDS) 3.0 Implementation October 1, 2010

Memorandum Summary

- **Quality Measure/Quality Indicator (QM/QI) reports:** Unavailable for use October 1, 2010 in the Traditional Survey Process until further notice;
- **Temporary revisions to Traditional Survey Process Tasks 1-5C:** Revision effective October 1, 2010 and for use for all surveys in LTC Facilities in which the Traditional Survey Process is used; and will continue until further notice;
- **Permanent Revisions to Appendix P:** Revision of terminology including removing the Resident Assessment Protocols (RAPs) and replacing with Care Area Assessment (CAAs), and reports formerly identified as the OSCAR, and now known as the CASPAR are effective October 1, 2010; and
- **Training Materials:** A training document with speaker notes for Centers for Medicare & Medicaid Services (CMS) Regional Offices (ROs) and State Survey Agencies (SAs) to use to train surveyors on this revision to Appendix P in the SOM is attached to this memorandum. Power point slides have been issued to ROs under a separate communication.

The purpose of this memorandum is to advise you of the temporary revision to the Traditional Survey Process in Appendix P of the State Operations Manual (SOM). The Centers for Medicare & Medicaid Services (CMS) will release the MDS 3.0 version on October 1, 2010. As a result, there will be an inability to run the QM/QI Reports which are used offsite to assist the surveyors in selecting their Phase 1 resident sample. The survey tasks have been revised so that nursing home survey teams can select the Phase 1 survey sample without the benefit of the QM/QI Reports. This temporary revision to Traditional Survey Process Tasks 1-5C will be implemented October 1, 2010 only for those nursing home surveys in which the traditional survey process is being used. An advance copy of the revised Tasks is attached.

In addition to the temporary changes to the survey tasks, we changed the title of Online Survey Certification and Reporting (OSCAR) reports, which are no longer being produced, to Certification and Survey Provider Enhanced Reporting (CASPER) reports. We are also removing any reference to the Resident Assessment Protocols (RAPs). With the implementation of the MDS 3.0, RAPs have been replaced with the Care Area Assessment (CAA) process. Revised language is presented in red and italics, and strikethroughs are used for those items that will be placed on hold until further notice. All remaining portions of Appendix P are unchanged.

Changes as a result of the implementation of MDS 3.0 will affect CMS forms CMS-672 & CMS-802, as well as Appendix PP. These changes will be identified in a future Survey & Certification memorandum, which is projected for an advance release August 13, 2010 for implementation on October 1, 2010.

Also attached are training materials for the revised traditional survey process. Use this training packet and make sure that all nursing home surveyors using the Traditional Survey Process are trained in the revised guidance by the implementation date. These materials were presented and discussed in a teleconference with the CMS Regional Offices (ROs) on July 15, 2010. We encourage training to be conducted in person with group discussion to optimize learning. However, if this is not feasible to meet the needs of your surveyors, it is acceptable to use other methods. This guidance may also be used to communicate with provider groups and other stakeholders.

RO training coordinators will document the completion for training on this new guidance for all RO and State nursing home surveyors within their region who survey under the Traditional Survey Process.

For questions on this memorandum, please contact Beverly Cullen at 410-786-6784 or via email at [Beverly.Cullen@cms.hhs.gov](mailto:Beverly.Cullen@cms.hhs.gov).

**Effective Date: October 1, 2010 and continue until further notice.**

**Training:** The information contained in this announcement should be shared with all nursing home surveyors and supervisors.

/s/

Thomas E. Hamilton

Attachments:

Temporary revision to Appendix P only for the Traditional Survey Process  
Instructor training guidance document

cc: Survey and Certification Regional Office Management (G-5)