



# Revised Interpretive Guidance for Nursing Homes and New Survey Process Call

Moderated by: Hazeline Roulac  
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## Table of Contents

Announcements & Introduction .....	2
Presentation .....	2
Revised Interpretive Guidance .....	3
Long-Term Care Survey Process .....	15
Training and Resources .....	18
Question & Answer Session .....	21
Additional Information .....	33

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Operator: At this time, I would like to welcome everyone to today's Medicare Learning Network® event. All lines will remain in a listen-only mode until the question-and-answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

I will now turn the call over to Hazeline Roulac. Thank you. You may begin.

## Announcements & Introduction

Hazeline Roulac: Thank you, Dorothy. Good afternoon, everyone. I am Hazeline Roulac from the Provider Communications Group here at CMS and I am your moderator today. I would like to welcome you to this Medicare Learning Network call on the Revised Interpretive Guidance for Nursing Homes and New Survey Process.

During this National Provider Call, our subject matter experts will discuss the Revised Interpretive Guidance for Nursing Homes and the New Survey Process effective November the 28<sup>th</sup>, 2017. You will hear about the major components of Phase 2 implementation, changes to the survey process, and training resources available to the public. As part of the registration process, you were given an opportunity to submit questions in advance of this call. We want to thank everyone who submitted questions. After the presentation, our subject matter experts will address some of those questions, and then we will open the phone lines to take your questions.

There is a slide presentation for this call. You should have received a link to it in your confirmation email when you registered. If you haven't already done so, please download the presentation from the CMS website at [go.cms.gov/npc](http://go.cms.gov/npc). Again, that URL is [go.cms.gov/npc](http://go.cms.gov/npc).

At this time, it is my pleasure to turn the call over to our first speaker, Karen Tritz. Karen?

## Presentation

Karen Tritz: Great. Thanks very much, Hazeline. Good afternoon. Good morning to some of you who may be on the west coast. So before we jump in to the presentation – and Evan Shulman, the Deputy Director of the Division of Nursing Homes, is here as well and Jay Weinstein and other subject matter experts who've been



working on this. But before we jump in to the presentation, I'd like you to take a pen or a marker, and – don't do this if you're driving. But if you're in your offices, write down the number of people that you are responsible for leading or guiding in the changes to the Interpretive Guidance and the changes to the survey process that we're going to be talking about today. So please write down the number of people that you're leading or guiding in this effort. And then right next to it, the number zero. And I would encourage you to think about that first number that you wrote, which may be 1, it may be 10, it may be 100 or 1,000, or it may be 10,000 people that you're involved with in discussions about this. That first number is the number that are going to really need to understand the why, the changes that are being made, the intent of the changes. And I would ask us to all think about that we are all here to improve the quality of care, quality of life for America's nursing home residents. And that is the goal and helping that – those number of individuals understand that goal is critical to the mission and critical to the success of what we're about to engage in. And I would ask you to think about the zero that you wrote, and that is the number of people that will be truly motivated to make these changes to improve care because CMS says so.

And so, as you're – we all are moving in this direction, but I would encourage us all to think about the why of each of the changes that we're talking about today. Over the next 90 minutes, we're going to talk a lot about process and language changes and steps in the process, but I don't want us to lose sight of the why and the intent of the process that we're trying to move forward in this country.

So, on the next slide, we talk a little bit about our agenda. We're going to talk about the revised Interpretive Guidance that we released June 30<sup>th</sup> of this year. Evan's going to talk about the new survey process and share with you information about that.

And then we're going to talk with you about training and resources. There is a bit of information to digest, and many of us like – gravitate towards the summary versions or give me the bottom line here, what are the main changes that we need to be aware of. And so, we've provided some training and some resources to help everyone to navigate the changes a little bit easier. So, we want to talk through those with you.

### **Revised Interpretive Guidance**

So let's jump in. Let's talk about the revised Interpretative Guidance on slide 3. And then moving on to slide 4, I'd like to start with an overview of the sections of the Interpretive Guidance that are – that we've provided. And



some of this will be familiar to you for many of you that have experience with Appendix PP, and we've added some additional sections that I would like to share with you today.

So, the first is the F-Tag. And as you've probably become aware, we are changing the F-Tags, and we'll talk a little bit more about that on the next two slides. But within Appendix PP, the first section is the F-Tag that we're referencing.

The second is the regulation text itself, and that is word for word, what is in the – what are the regulatory sections within that F-Tag.

The third is the why—is the intent—and in some cases, we've identified key process issues or key care issues related to that regulatory text. And that is intended to provide for those areas where it may not be entirely clear what the intent of the regulatory section is to ground everyone in that determination.

The next section is definitions. So where there are already definitions in the regulation, we've carried those forward. And in some areas, we've added definitions that are key concepts to understanding that particularly – particular regulatory section. So when we get, for example, to the admission transfer discharge section of the regulation, we've defined terms such as facility-initiated discharge and resident-initiated discharge because those are really key concepts in identifying compliance with that section of the Interpretive Guidance. So, I would encourage you to look for those definitions as needed in the different regulatory sections.

Then many of the sections have guidance. That is the key pieces of understanding what is compliance with that section. So the subject matter experts that have joined me in the room today—and maybe on the phone as well—reviewed standards of practice in this area, reviewed common questions or concerns that had come up identifying key quality issues that have come up over time, and have revised the guidance, and particularly what is it related to compliance for those existing requirements, and then also developed new guidance for Phase 2 requirements, for example, antibiotic stewardship. And so, I would encourage everyone to take a look at those sections. We're going to highlight key topics in the guidance that were changed today, but that is sort of an overview of that particular section of guidance.

We've added a section to many areas of the Interpretive Guidance called Key Elements of Noncompliance. And these are the core components of the facility's activities that would be needed to establish noncompliance



if there are concerns identified. And the goal of adding this section was to really – to boil it down. So some of the guidance can be quite long. There are certain sections or certain tags that may have, you know, 20 pages of guidance establishing particular concepts for compliance with that. And so we wanted a section that summarized it, that really encouraged everyone to focus on those key processes or those key activities, those key quality-of-care concerns that were necessary to establish compliance or noncompliance with a particular section.

The next area is procedures, and that includes both Critical Element Pathways and facility tasks. Those Evan will be talking about more in the survey process that we are – that we've established. Not all F-Tags have a Critical Element Pathway, and some have particular procedures for surveyors within that. So it's – the language is tailored accordingly. Where there is a Critical Element Pathway or a facility task, that language is – it's summarized within the guidance so that you have a general sense of how that area will be looked at, but we will be adding additional information to the website with specific pathways and tasks in the near future for folks to take a look at.

The next area is the deficiency categorizations, and those are also added in certain tags. And those are examples of deficiencies at levels 1 through 4 for that particular tag. And that's not a new area of guidance in terms of that section has existed previously. But when we asked stakeholders about what areas of the guidance were most helpful to them, deficiency categorizations were one of those that rose near the top in terms of providing really concrete examples for surveyors and for facilities to understand what noncompliance looked at – looked like with – among those different levels. And so we've added those in a number of areas.

And then the last area I want to talk about with the overview of the sections is the potential tags for additional investigation. And so this is really intended to identify those systems issues or those severity issues that surveyors may need to be taking a look at when they are reviewing noncompliance or concerns with a particular section. So, for example, in an area of unnecessary medications, does that – would there be additional investigations needed in sufficient staffing, or would there need to be additional investigations in the area of chemical restraints? And it's not intended to be a cut-and-paste so that each other tag would require additional investigation to determine if there was noncompliance with that particular section. But it is intended to be sort of a roadmap for other system issues that may be at play in establishing noncompliance with that section.



So I would say – before I move to the next slide, I would just – a little word of advice, when you’re reviewing the Interpretive Guidance, which is long, is to have a highlighter, look for those areas where you have “must.” Look for those key elements of noncompliance, in terms of focusing on what are those key activities or processes that a nursing home would need to take a look at in looking at its readiness for Phase 2 or any Phase 1 activities that you may need to take a second look at.

So with that, I’ll move to slide 5, which is my favorite tool that we have within our toolbox, which is the listing of tags – of new tags. I think it’s a challenge for everyone to learn the revised F-Tags. And so it’s a two-pager that has each regulatory section, how we’ve divided each section in terms of the F-Tags. It’ll give you a sense of an overview of what components are in there as well as identify those particular tags that would be – could lead to substandard quality of care with deficiencies that may be found at a certain level.

So, moving on to slide 6. This is the F-Tag crosswalk or, as I like to call it, the where-did-it-go tool, which is – it has the tag number – the new tag number. The second column identifies where there may be substandard quality of care. It has the tag title, which is the summary version of what’s included in that tag and the regulatory reference in the next two columns for those that may be interested in that. And then the last two columns are the old tags that were incorporated into there—and they’re based on the March version of Appendix PP—and the regulation text that was moved to that new tag that – for your reference.

So what is on our website now is this version that you have on slide 6, but that – the document that is on our website now—and we’ll give you the website link at the end of the slide presentation—it also has a sortable x version, which has a tab that you can click on that says, “Okay. If you want to know where F314 went, what it is now,” you can filter for F314 and there’re instructions on how to do that. So our goal is to really provide and make it as easy as possible for you to figure out what the new version tag is as everyone is learning these new tag references.

So moving on to slide 7. The Interpretive Guidance is effective November 28<sup>th</sup>, 2017. We wanted to release it early so that folks had a chance to take a look at the new tags, the new Interpretive Guidance, and how it would be surveyed for as facilities are looking at how to get ready for Phase 2 requirements that may be out there. It is posted on our website now. It will remain posted on our website. It will be posted online in the State Operations Manual version. That version will be all in red due to CMS requirements. So we will still maintain the black and red version on our main website so that you can get a sense of what’s new – what is new and



what is not new in terms of Appendix PP. And until then, providers and surveyors will continue to use the revised version of Appendix PP that includes Phase 1, which we released on March 8<sup>th</sup>.

So next, let's jump into a couple areas of the – or the areas of the Interpretive Guidance that are changed so that we can give you some additional information about that. And then I will – I'll talk about a few of the sections and then turn it over to Evan to continue the discussion of this.

So the first area that we want to mention on slide 8 is the Resident Rights version. And this is really the description of what are the basic rights that residents have within a skilled nursing facility or nursing facility. And we – the team who worked on this section provided additional discussion of examples of noncompliance and survey procedures. There was additional language added for visitation rights subject to reasonable restrictions. You know, for example, if someone is in their final hours of life and wants family present with them, that is an important consideration in terms of the – any visitation rights or visiting hours so that a resident may be with their loved ones in their final hours of life.

The – another area that was added to in the Resident Rights section was the Advance Directives. And this is – there's a discussion in there around the right to establish advance directives and how that relates to physicians' orders and – or other medical orders that may be there and the resident's right to be able to establish those. We also have additional language around the advanced beneficiary notices and clarity around forms that need to be received by residents where their Medicare Part A benefit is ending, and then also an expanded discussion on the role of the resident representative and other interested parties. The requirements—I'll talk about that in more detail—and certainly the Resident Rights section in and of itself has a strong focus on self-determination and person-centered care, but that does not limit the residents' ability to include others in their care planning and stay—other interested parties that may be – that they may want to have involved. And so, the guidance goes into more detail on that section.

On slide 9, this is an area – the Freedom from Abuse, Neglect, and Exploitation. This is an area that significantly changed from prior guidance, and I would encourage you to take a look at this. A couple of key points that I would mention about this—the first is that F600, Abuse and Neglect, are combined into a single tag, and that will be reviewed or cited if there are concerns in this area. And I think just to give you a little bit of sense of the rationale for that, the regulatory change – the regulatory language really changed some of the distinction between abuse and neglect around the area of withholding services. And so, we felt that instead of



having to make a really fine distinction about what is – what in withholding services is abuse vs. what in withholding services is neglect that it – we would put it together and encompass the full range of abuse- and neglect-related areas within that particular tag.

I think a couple areas I'd want to mention that where the team did a nice job in adding additional guidance is, first, what constitutes abuse and neglect: staff-to-resident abuse, resident-to-resident abuse, those areas; areas – items related to assessing consent for sexual activity that may be occurring among residents and processes for doing that; involuntary seclusion—what that means—and areas that would be looked at as it relates to involuntary seclusion; physical and chemical restraints. The chemical restraints guidance has been expanded. Before, there wasn't much there. It really – prior guidance really combined physical and chemical restraints and mostly talked about physical restraints. And so, the new guidance really separates that out and provides more clarity on chemical restraints.

And then, again, policies to prohibit abuse and neglect and also reporting requirements, specifically those requirements to – that were required under section 1150B of the statute that required covered individuals to report reasonable suspicions of crimes and how that fits with the abuse reporting requirements that are currently in the statute.

So the last area that I'll talk about before I turn it over to Evan is the Admission, Transfer, and Discharge section; and, again, just getting back to the why for this particular area. For some residents, this is their home. And so, what is the – what are the processes and steps required if you're going to admit someone and make it their home, and what are the processes and steps if you're going to require someone to leave their home?

And so, you know, in this particular area of the guidance, as I mentioned, we talk about facility-initiated discharge and resident-initiated discharge. And this is specifically related to the notification to residents and to the ombudsman, and there's been lots of discussion around this particular area. It's been an area that's come up as a source of questions about the types of notification that needed to go and under what circumstances.

F624 will draw your attention to that. This section is really related to the immediate orientation and planning for discharge. There are other sections in care planning that talk much more about discharge planning overall. And so, this particular tag is really focused on those immediate orientation and planning needs as someone is being discharged.



And then other areas of additional guidance: permitting residents to return and the right to remain, emergency transfers, and then documentation requirements for transfer and discharge. And this particular area is a really critical one. All of them are really important, but this is an area that is the most common source of complaints for – when involving ombudsmen. And so, it’s an area that a lot – quite a bit was changed in the regulations itself. And so, the team really took a look at what kinds of issues are coming up, what do the new regulations say, and how do we provide clarity around this particular topic to facilities and to residents themselves about notification and rights and how the transfers may play into that.

So with that, I will turn it over to Evan to talk with you about the resident assessments on slide 11.

Evan Shulman: Thank you, Karen, and good afternoon, everyone, and good morning to those on the west coast. I’m going to spend a few minutes going through some of the other sections of the Interpretive Guidance and Regulation.

First, we’ll start off on slide 11 with resident assessments. A lot of this will look very familiar. There haven’t been any changes to Assessment Timing and Completion. There has been some integration into the interpretive guidelines of the Care Area Assessment Processes and the Significant Change in Status Assessment. We’ve added some clarification of examples.

But in the second bullet here—using the Resident Assessment Instrument to develop, review, and revise the resident’s comprehensive care plan—that’s really the intent. The foundation of care planning is the resident’s assessment. It’s how we identify residents’ needs. And that’s why this is so important. The assessment essentially feeds the care planning process. So, that’s why we want to continue to focus and make sure that there are comprehensive and adequate assessments done.

Also in the Interpretive Guidance is a coordination of the PASARR, which is the preadmission screening and resident review evaluation and determination, and we want to also include this as part of the RAI Assessment process. Each State Medicaid agency has specific processes for conducting the PASARR, and there’re Level 1 and Level 2 evaluations and determinations that are done. So you look to your State for more specifics on those processes.



Moving on to the next slide, 12, of Comprehensive Resident-Centered Care Planning. So what's new with the requirements at the Baseline Care Plan, which must be conducted and completed within 48 hours? And what we're really looking for here are, what are the resident's immediate needs? What do we need to know while we are constructing the comprehensive care plan? That's the intent of the Baseline Care Plan. We are continuing, as I mentioned earlier, to feed the care planning process by using the Resident Assessment Instrument and the care area assessments and also the PASARR.

And then with discharge planning and the discharge summary process, we want to ensure that the discharge process addresses each resident's discharge goals and needs. In other words, we want to set them up for success when they're ready to leave the building. Whether it's a discharge to another provider, back to home with support from a home health agency or from a caregiver, we want to set them up for success. There's a saying that good discharge planning starts at admission. And therefore, the guidance references the assessment and care planning process because the discharging – discharge process should be done throughout the resident's stay for those that can be discharged. So we're building the discharge plan all along.

In terms of discharge summary, there's a requirement for that – is completed and provided. There's a recapitulation of the resident's stay and also post-discharge plan that assists them to adjust in their new environment.

Moving on to slide 13, which is the Quality of Life. We've included the quality of – definition of quality of life. It includes phrases such as a sense of well-being, level of satisfaction, and control over one's life, which is really what we're trying to get at here. So we're expecting facilities to help meet those intents. We do not expect a quality-of-life tag to be automatically cited when another tag is cited. This is really the cumulative effect of multiple tags that demonstrate a disregard for well-being. So as it states in the first bullet, noncompliance here is the result of pervasive disregard for the principles of quality of life.

This section also incorporates regulations around requirements to provide basic life support or CPR, so to have staff certified and available to perform CPR when needed for those residents that want it. This section also includes guidance for requirements to support residents' ability to carry out their activities of daily living, which is also certainly a part of quality of life.



Moving on to the next slide of Quality of Care. So the current tag of F309 is where a lot of quality-of-care concerns are currently cited. There've been some changes there. That tag is now – will be tag F684, and we've also incorporated components for requirements for hospice, palliative care, and other care issues. We've taken some care issues out of the current 309 tag and not in the future 684 tag. So dementia care, pain, and dialysis are no longer in this tag.

There has been other guidance and tags related to dialysis, respiratory care, fecal incontinence, and position change alarms. And bed rails is new. The focus here is on informed consent and the outcomes related to the use of bed rails. So what – has there been any negative outcome because a bed rail, for example, was not installed correctly? This is separate, though, from if a bed rail is acting as a restraint.

Moving on to slide 15 for Nursing Services. So currently, there is the requirement that facilities have sufficient nurse staffing. That requirement is maintained. But in the new requirements, which exist today, we also have added competencies to this requirement. Nursing services is such a critical requirement. It refers to the staff responsible for making sure residents' needs are met. So it's so critical. This requirement intends to ensure that facilities have enough staff with the right competencies in order to meet those needs. We provide examples of probes for surveyors and also for facilities to use to self-assess themselves to help identify areas that may need to be improved. We also have revised examples of deficiencies related to sufficient staffing.

The competency tag is under F726. And – competency—we have a few examples of what are definitions of competency, such as able to conduct their activities effectively under the scope of their practice or license. We also provide guidance related to cultural competencies to help facilities be responsive to each resident's culture in addition to their clinical needs. We also provide guidance related to the expectation that nurses identify and address residents' changes in condition, which is so important in preventing resident conditions from worsening.

For both cultural competencies and changes in condition, we provide links to examples of resources that can help providers advance their performance in these areas. And both sufficient and competent staff are also tied to the facility assessment that facilities must conduct to help establish what their staffing level needs are and also their competency needs. The sufficient nurse staffing tags are really just applied to nursing services. They don't apply to behavioral health staff or food and nutrition, which have their own requirements for sufficient and competent staffing.



Moving on to slide 16, Behavioral Health Services. So this is a new regulatory section. It's aimed at ensuring residents have their behavioral needs identified and addressed in a person-centered manner, for example, interventions that are individualized for specific residents and revising behavioral care plans that have not been effective or upon a change in condition. This is similar to nursing services that there are requirements for sufficient and competent staff as determined by resident assessments, individualized care plans, and also this is tied to the facility assessment. We have some guidance related to skills and competency and a discussion about non-pharmacological interventions.

We also have some language and guidance related to scope and services of coordination. This is to ensure residents diagnosed with a mental disorder or psychosocial adjustment difficulty get the services and treatment that they need. And finally, F744 is aimed at ensuring that residents with dementia receive the appropriate treatment and services.

Moving on to slide 17, Pharmacy Services. So there will be a lot of things that look familiar to folks in the active pharmacy services. I don't think this will be a surprise to anyone that this is a continued focus of CMS which is to reduce the use of unnecessary medications along with our partnership to improve dementia care. It's our focus – our continued focus on person-centered care planning, on person-centered care, and avoiding medications that are unnecessarily – that are not medically necessary.

So I'm still on slide 17. So F757 is – what currently is 329 will become F757. We have incorporated some changes that we released last year, which also includes a greater emphasis on preventing psychosocial harm. In F758, we include a definition of – we add the definition of psychotropics, and this is where you'll find the regulations and guidance related to PRN usage of psychotropics and antipsychotics. And as a reminder, psychotropic PRN medications may be extended after 14 days based on a practitioner's review. But antipsychotics cannot be extended; they can only be renewed upon a practitioner's evaluation. Also in this section, you'll find the requirements related to drug regimen review and the requirements relating to reporting and documenting identified irregularities.

Moving on to slide 18, Food and Nutrition Services. So here, we want to make sure that residents not only get the food that they – that is stored safely and prepared safely, but also that they have options that they prefer, that food's attractive to them such as based on their culture and, of course, within reason. So there's guidance that incorporates the requirements around the qualifications of dietitians and other personnel. Similar to



nursing services and behavioral health, there are requirements around sufficient and competent staff, and this also is tied to the facility assessment. And then at F813, we have the requirements regarding the policy for bringing in personal food items, such as how they should be stored.

Moving on to – so now, actually, I’m going to turn it over to Jay Weinstein to talk a little bit about the administration section. Jay?

Jay Weinstein: Thank you, Evan. Good afternoon and good morning to everyone. I’d like to highlight some of the areas in the administration 483.70. We have kept many of the requirements from 483.75 administration sections, and we’ve updated our guidance.

There is a new section called Facility Assessment, and we have added guidance for that requirement, which includes a review of the types of residents in a nursing facility, the services and supports provided by the facility, and the resources needed to provide that care. We are working with the QIOs as they develop a tool to assist in nursing homes in implementing your requirements for facility assessment. We are in the process of seeking feedback on this tool, and will be able to share it publicly with all of you in September.

Under staff qualifications, we have added a definition for licensed health professionals. The medical director is not new, but we have made significant changes to the guidance. We have added guidance that facilities must identify how the medical director will fulfill his or her responsibilities to effectively implement resident care policies and coordinate medical care for residents in the facility. In addition, we have added the term practitioner to allow the recognition of physician assistants, nurse practitioners, and clinical nurse specialists. There were some regulatory changes under medical records, and we added guidance including clarification of electronic health care records. There were minimal changes under transfer agreements, and we added guidance under that section.

Facility closure, while not new, we have added additional guidance under that section. Social work requirements had minimum changes to the regulations, and we added guidance to clarify this requirement.

Karen Tritz: Great. This is Karen. Thanks very much, Jay, for that. I appreciate that. Let’s move to slide 20 and talk about Quality Assurance and Performance Improvement. So facilities have a longstanding requirement to



have a QAA committee. The new language here in the regulations with the addition of the QAPI Plan in Phase 2, so we've added additional guidance on that.

We've also added some additional language as it relates to other areas in – within the QAA committee that has come up including disclosure of QAA information, good faith attempts to correct issues that are identified, there's language in there now as it relates to the Patient Safety Act and questions coming up about participation in a Patient Safety Organization, and then also language around potentially preventable adverse events.

And so in thinking about putting together the QAPI Plan, just think about, I would say, three main functions. One is the ongoing monitoring of the data and quality issues that may be coming up. Another is the identification of issues; so you're prioritizing, you're analyzing the information, where are those issues – those quality concerns coming up. And then finally, how are you correcting those issues that may be coming up and then ensuring that – effectiveness and continued correction of those particular – of issues that may be arising? So I would encourage you to look at the QAPI section of the guidance as it relates to that.

On slide 21, the Infection Control Program is the – this is now slide – or sorry, F-Tag F880 to F884. So the former F441 has now been broken out into four different tags. The Infection Prevention and Control Program is the system for preventing, identifying, reporting, investigating, and controlling infection and communicable diseases. So that's a bit of a mouthful, but I would encourage you to think about those functions – each of those functions as you're looking at your Infection Control Program—so the prevention, the identification, the reporting, the investigating, and controlling as separate key functions of your program. It's based on the facility assessment. It covers all residents, staff, volunteers, visitors, and other individuals, but I would encourage you to also look at that section. I think the expectation is that this is not a one-size-fits-all for all of those particular groups of individuals. So a visitor that may be coming to see a resident once a month is not held to the same level or expectations, as for example, staff, you know, the CNAs who work there every day. So I just encourage you to take a look at that, and then that the program follows accepted national standards. And there's language in the guidance that helps guide you to some of the national standards around this.

The second piece that I'll talk about today under this section is the Antibiotic Stewardship Program. And this is something that's part of the Infection Control Program, must be reviewed annually as needed, and really talks about a system of reports related to usage and resistance data and monitoring antibiotic use.



And so the other key piece of this that's part of this guidance is assessing residents for infection using standardized tools and criteria, for example, when it comes to urinary tract infections and determinations about when to start an antibiotic for a resident that may have that particular condition. So I'd encourage you to take a look at that section for that.

And then the final slide as it relates to the Interpretive Guidance, and then I'll turn it over to Evan to talk about the long-term care survey process, is really that the other category of – that we didn't have a lot of time to talk about today but just I would highlight a couple of key things: physician services—there's language in there as it relates to delegation; lab, radiology, and other diagnostic services did not change substantially; dental services—the big area coming up with questions—here is the policy on the facilities, replacement of dentures that are lost or damaged due to the facility's actions. And so there's language in the guidance on that. Physical environment—the key components here are the smoking policy and the room size as it relates to reconstruction and new certification. Those are the key pieces there – the key changes there that were discussed. And then the training section—most of training is a Phase 3 requirement, but those components that were existing requirements around abuse and neglect, for example, are – were Phase 1 requirements. And so, we haven't – we've added the regulatory text for Phase 3, but we have not – but there isn't guidance there. But we have added guidance in those relevant sections that were existing guidance.

So with that, I'll turn it over – back over to Evan to talk about the long-term care survey process.

### **Long-Term Care Survey Process**

Evan Shulman: Thank you, Karen. So I am now on slide 24, which is the survey process. I'll just breeze through this one. I think everyone knows that November 28<sup>th</sup> is when all of this begins, Phase 1 and Phase 2 requirements. And included with that, we are deploying a new survey process that is a computerized system that all States will use. We have provided a slide deck that's available now that walks through some of the specifics, but we will continue to provide more and more material over the next coming weeks.

Moving on to slide 25. So why is CMS changing the long-term care survey process? So in a little bit – a very little bit of history, today we have two different survey processes. We have the Traditional and the Quality Indicator Survey, or QIS. And throughout the years, we have identified opportunities to improve the efficiency



and effectiveness of both survey processes. There are some differences in what one survey seems to be able to identify in terms of noncompliance than the other. And we also have identified areas of best practices within both. So for example, with the Traditional Survey process, we received feedback that it's a little bit more flexible, so surveyors can be a little more conversational when they're doing interviews. Conversely, in QIS, surveyors have suggested that the process is a little bit too rigid, and they cannot be more conversational. So the new survey process is intended to provide the best of both, which is to provide structure but still allow surveyors to engage in conversation and not have to follow everything word for word.

Similarly, traditional surveyors did not have the assistance of a computer-aided process, whereas QIS surveyors did. So that's another best practice that we are pulling into this process, which is to integrate the computerized guidance of a survey for all surveyors throughout the country. And then finally, we are revising the survey process to integrate the new finalized requirements for participation.

So these are very technical reasons why we're changing it. But to go back to the question that Karen asked about why are we doing this, well, the real reason – the main reason is to improve the process at ensuring residents' needs are met, that they are kept safe, and able to attain or maintain their highest practicable well-being. That's what we're doing to improve that process.

When issues are identified, we want to make sure that we're identifying the right issues so that they can be corrected. When issues aren't identified, we want to feel confident that we have – that there really are no issues there and that residents are safe when we walk out of the building, which is the best outcome. So throughout this process, we will be transparent. We want surveyors to be able to identify care area issues when they exist and be confident that there are no issues when they don't identify anything. We want providers to know how to be compliant so that, hopefully, surveyors find fewer deficiencies that – again, that they're sure that none exist. And we want consumers and residents and advocates to know their rights and be aware of the process so they know what to expect.

Moving on to slide 26, some of the survey highlights. So on the first day, that's when the surveyors are going to be screening residents and helping to identify their resident sample pool. They will be conducting some family interviews and observations and doing some limited record reviews. They will be walking into the building with the initial pool of residents to screen and potentially include in their sample, and they'll be confirming that those, in fact, are residents that should be included in the sample.



The facility will be handed the facility matrix—that we’ll go over in a little bit—for them to complete, and the team will be interviewing the Resident Council. After the sample is selected on day one, the team will begin investigations through – of any care issues that they believe may exist through observations, interviews, and record reviews. And they will also be conducting facility tasks throughout the survey, which are on slide 27.

So these are the mandatory facility tasks that survey teams will be engaged in. The first two represent – excuse me, the first three represent the greatest amount of change. So, sufficient and competent staffing is a new facility task that all surveyors will be conducting. Infection control and beneficiary notifications have been revised, but they were previously conducted. And the rest of the facility tasks here are similar to how they are conducted today with some limited changes. And as we’ve mentioned, we will be releasing these shortly in the upcoming weeks.

Moving on to slide 28, the Survey Process Overview. So some repetition here—there’ll be the initial pool process that I just spoke about. A little bit more detail on the sample size, so the sample will be comprised of 70 percent of residents being identified off site, and then 30 percent will be selected on site by the team through observations and interviews and limited record review. The team will, again, be conducting facility tasks and also doing a few closed record reviews, and then they’ll be conducting their investigations on residents that there may be concerns with.

Moving on to slide 29. So in the facility entrance conference, we’re going to be providing some information to the facility leadership and also requesting some information. And the reason why we’re requesting information is because we want the process to flow smoothly. So we will ask for a census and list of all residents with identification of new admissions. We’re going to be asking for a certain set of documents. So some of these are the same documents that we asked for today, such as the floor plan on 671/672, some policies and procedures. There are some new documents that I think it’s a safe bet that we’ll be asking for, such as the QAPI Plan and the facility assessment. But we’re not – we’re asking for these up front, but we’re not intended to go line and line the – line by line in each document the moment that we get them.

So for example, in the facility assessment guidance, it specifically states if systemic care concerns are identified that are related to the facility’s planning, review the facility assessment to determine if these concerns were considered as part of the facility’s assessment process. So what we mean by this is that when we’re



asking for the facility assessment up front, we do not intend for surveyors, again, to go line by line to ensure that each box is checked and that there is a corresponding action some place in the facility.

We're also not saying that, if there is a single concern identified, that surveyors would immediately go and check the facility assessment to see if that concern should have been prevented through the facility assessment. We're looking for the facility assessment when we find, again, systemic care concerns. So it's not isolated and not something that we will investigate once we – once it is handed to us.

We'll also be asking for meal and medication administration times. We'll be looking for location of medication cards, storage locations. We will be asking for access to electronic health records, and, again, we do not want the survey process to be impeded. We would like this to run smoothly so that surveyors can go ahead, go forth with the survey smoothly, and get in and out of the facility as quickly as possible.

And finally, there'll be an updated facility matrix, which is on slide 31. I apologize if there is – some slide decks may have a duplicative slide 30. But this slide is – it – either it's your slide 30 or 31, but it is titled Updated Facility Matrix. We'll be releasing this in the next few weeks so that providers can know what to be expect – what to expect and to be prepared so that when they receive this matrix, they are able to complete it either manually or with their software as quickly as possible.

I'm now going to turn it back over to Karen to talk about training and resources.

## Training and Resources

Karen Tritz: Great. Thanks, Evan. So I – and maybe we got our slides off because some people – so let me just – the slide titled Training for Providers and the Public. We do have some information on our CMS website, and we'll give you that webpage so that you have it. We have a go-to source for that. The national – we're also going to be having national calls. Certainly the one we're all participating in now is the first one.

We are all look at – we're also looking at the early part of September where we would be able to provide – share the facility assessment tool that Jay Weinstein mentioned at this type of a call and then also address some frequently asked questions that have been coming in around either Interpretive Guidance or survey process. So look for that in the early part of September.



Also going to talk to you today about access to surveyor training materials. Our David Wright, the Survey and Certification Group Director, is very committed to ensuring that there be broad access to surveyor training materials. And there's a Surveyor Training website now that has a lot of this information that we will be providing as well so that everyone is on the same page about the expectations for the new Interpretive Guidance and the new survey process itself.

There – we have released videos on highlights of the Interpretive Guidance and all of the subject matter experts who've been working on this, many of whom you will see in these videos. They're short clips intended to really provide a high-level overview of the Interpretive Guidance—some of which we've talked about today—but wanted to make those available widely to you and to share with others so that there can be common understanding of key sections of the Interpretive Guidance.

And then we're also soon going to be providing the access to the survey forms and the pathways – the Critical Element, or CE, Pathways, that identify when there is a care concern in a particular area, for example, in pressure ulcers or in activities. These pathways will – which are built upon the pathways used in the QIS process but have been revised, these pathways will help surveyors and facilities understand what exactly will be looked at in looking at compliance with that particular section. So those will be coming soon to our website.

On the next slide is the home page for the Integrated Surveyor Training Website. And you – we have the website link itself on the following slide. This is the source for all of the training for surveyors and providers, and it covers a wide variety of topics. And it is our – going to be where we are posting upcoming information on this.

On the next slide where we talk about resources and tools, that first link, where it has the webpage there, that is the go-to source for the F-Tag tools that we talked about, the copy of the Interpretive Guidance along with the accompanying S&C memos, and where we will be posting future updates and tools. So I would encourage you to check that site out regularly.

We also have Survey and Certification memos, which are our vehicle for communicating policy program changes. And we'll continue to use those, and the website is provided here.



The training website that I referenced on the prior slide, that is the weblink to go to the Integrator – Integrated Surveyor Training website. For those of you in the public who are not a provider, it doesn't have a public link, but you can go ahead and click on I AM A PROVIDER. That is the source to take you to publicly available training. So you would click on I AM A PROVIDER, then up – once you do that, up in the upper left-hand corner, it will say Course Catalog. If you click on that, it will take you to all of the available trainings that are available publicly. And then the term—the title of the course that you're looking for with the videos with access to each of the 11 training videos that I talked about—is the long – the LTC Survey Process SME Videos. And you will see in that description that it talks about a – highlights of the Interpretive Guidance and Phase 2 requirements. So I would encourage you to check that out.

And then finally, in Resources and Tools, please feel free to send in emails if you have questions to the NH Survey Development mailbox. This is a targeted mailbox for questions as it relates to both the Interpretive Guidance and survey process or anything else that we've talked today that you may have questions about. You can please feel free to send those in – into us.

And finally, before we move to the Q&As, just a couple of words for you to think about, about how to prepare. So monitor for announcements. I think participating in today's call is part of that. I think the webpages that we talked about are good sources for the announcements that will be forthcoming on this. We do expect to release upcoming memos around the enforcement and Nursing Home Compare components that were identified when we released the guidance, but we need to release additional memos on that in the coming months, and we'll be doing that.

Leverage your resources. So we know that associations – resident associations, facility associations, and others are developing particular training resources for folks. We'd encourage you to stay in tune with those particular training videos or conferences or calls that they may be having.

Leverage your CMS resources. We just talked about the MLN call, the websites, the training.

We'd encourage you to develop a specific plan for your facility. The guidance has a bit of information in it. We talked about a lot of information, what are those activities and processes and systems that are really going to get you ready for Phase 2, and we just encourage you to think about that as you're rolling it out for those number of individuals that you wrote done in the front.



And then finally, we just like to end with where we started, which is, what is the intent and how can that be focused on in terms of conveying these changes to the folks that you need to be working with in the community to put the changes into place? What is the intent, the quality of life, quality of care for nursing home residents and including dignity and safety and homelike environment?

So with that, I'll stop and turn it back over to Hazeline to lead us through the questions and answers.

## Question & Answer Session

Hazeline Roulac: Thank you so much, Karen. So a lot of good information from Karen, and Evan, and Jay. We will now move on to the question-and-answer session. As I mentioned during the introduction, you were given an opportunity to submit questions in advance of this call. Before we open up the phone lines, our subject matter experts will address some of the questions received during the registration process.

Karen Tritz: Great. So one question we got in was that the facility assessment guidance needed some clarification. In one place, the facility assessment – it indicates that the operating budget “must” be integrated into the facility assessment; in another place, it says “may.” And what is the right answer?

And so, the answer is that the facility assessment may include the operated – operating budget. It's not required, but it may be included, and this will be clarified in forthcoming guidance.

Another question that we got was related to the Antibiotic Stewardship Program. There are questions about whether the program only applied to the use of antibiotics or whether it would also apply to other items such as antifungals and antivirals, which would be included under the broader topic of Antimicrobial Stewardship Program.

And just to clarify that—the regulatory requirement is very specific to antibiotics and not to all antimicrobials, such as antifungals or antivirals.

And then the last question on the guidance, before I turn it over to Kim Roche to talk about survey process, is on pharmacy. And we got a question in whether there was an exception related to hospice or end-of-life residents with the use of antipsychotics and PRN usage.



So that – so Evan mentioned that the – there’s a 14-day limit before needing to have a new order for antipsychotics. And there is no exception in the regulation as it relates to hospice or end-of-life residents. So I just wanted to clarify that.

Kim, do you want to talk about the question about what is intended past day one of the survey?

Kim Roche: Sure, thank you, Karen. So after day one of the survey, it’s – on day two, the sample of residents is finalized. Those are the residents who will be reviewed during the survey process. And what will happen is all of the concerns that were identified during the initial pool process will be investigated for those residents. The surveyors will use the Critical Element Pathways, and in those pathways we have information about different observations that may need to be made, different interview questions that may be asked as appropriate, and some record review.

The surveyors will look at the MDS information, they’ll look at physicians’ orders, and they’ll look at the care plans. They may observe wound care, perhaps they may observe trach care, whatever is appropriate to that resident and that concern that has been identified. In addition to that, there’ll be closed record reviews, concentrating on death, discharge, and hospitalization. Also at the same time, different tasks will be conducted by the surveyors. Many of those that you’re used to would be the dining task, watching a full meal as needed. Infection control will be looked at. Any infection control–deficient practices will be observed, if they’re happening, and identified and documented. There’ll be med administration tasks, the med storage task. There’ll be a Resident Council group interview. And once those tasks are completed and all of the concerns are investigated, the team will meet and discuss potential deficiencies. They’ll make those determinations as a team, and then they will conduct an exit conference. So that’s pretty much in a nutshell what will happen, and I don’t think that there will be really any surprises. This is what the facilities are used to.

Hazeline Roulac: Okay, thank you very much, Kim. So we will now take your questions. As a reminder, this event is being recorded and transcribed.

All right, Dorothy, we are ready for our first caller.



Operator: To ask a question, press star followed by the number 1 on your touchtone phone. To remove yourself from the queue, press the pound key. Remember to pick up your handset before asking your question to assure clarity. Once your line is open, state your name and organization. Please note, your line will remain open during the time you are asking your question, so anything you say or background noise will be heard in the conference. If you have more than one question, press star 1 to get back into the queue, and we will address additional questions as time permits. Please hold while we compile the Q&A roster.

Please hold while we compile the Q&A roster.

Your first question comes from the line of Carol Damon.

Ms. Damon, your line is open.

There is no response from that line. Your next question is from the line of Terry O'Shea.

Terry O'Shea: Yes, hi, thank you. Terry O'Shea with Omnicare. I have a question. I emailed CMS and asked if they'd clarify the dosage forms covered under the Antibiotic Stewardship Program, whether it was just IV and oral, and I received a response that said it is not just IV and oral, that it would also include things like ophthalmic and topical antibiotics. And I just wanted to know if you would verify that that indeed is true.

Megan Hayden: Sure, thank you for your question, and this is Megan Hayden. In responding to your question, you are correct. It would relate to any dosages and any forms of antibiotics.

Terry O'Shea: Thank you.

Megan Hayden: Thank you.

Operator: Your next question comes from the line of David Maxwell.

David Maxwell: Hi, good afternoon. Yesterday afternoon in our monthly behavior meeting, the question came up regarding the interpretation of the non-antipsychotic PRN's. For example, for an antianxiety such as XANAX®, our interpretation was you prescribe for 14 days, it's reevaluated, and then a new timeframe can be



put into play. But there's no indication in terms of further assessment, except ongoing, if there's a timeframe for that. For example, someone who's a PRN XANAX that's prescribed for 14 days were found that it's required for more long-term use. Can it be put into play for, like, 90 days and reevaluated every 90 days? Or how is that interpreted?

Cathleen Lawrence: Good afternoon. This is Cathleen Lawrence. And with regard to the PRN psychotropic medications, which I think is what you're referring to, the requirement...

David Maxwell: Yes, not – but not the antipsychotics...

Cathleen Lawrence: Correct.

David Maxwell: ... something like an antianxiety, for example.

Cathleen Lawrence: Right, right. So the requirement is that they'd be limited to 14 days for PRN, but they can be extended and that could be, I think, at the time you write the order, you could extend it for longer than 14 days if you provide a rationale. So if the practitioner provides a rationale ...

(Crosstalk)

David Maxwell: Okay. Is there an identified time limit on the extension?

Cathleen Lawrence: Very good...

David Maxwell: You know, the pharmacist is telling us that they're saying, well, it can all be done for 30 days, but I don't see anything like that, you know.

(Crosstalk)

David Maxwell: Can be extended 6 months, you know, a year, whatever.



Cathleen Lawrence: We don't have a maximum extension either in the regulations or in the guidance. But, you know, we expect it to be reasonable and that the rationale fits the situation for that resident. So we would ...

(Crosstalk)

David Maxwell: Sure, I mean that's – yes, the understanding would be like – yes, someone has – maybe needs it before they go to dialysis or something, or you've got somebody who's end-stage COPD and they need a touch of XANAX or Ativan® or something to help them calm down when they're having an exacerbation or something. So, yes, so as long as there's clinical justification and ongoing assessment, then there's no maximum timeline on that then, correct?

Cathleen Lawrence: Right, but that, you know, the rationale needs to be clear and make sense for that individual resident.

David Maxwell: Okay, thank you so much.

Cathleen Lawrence: Okay.

Operator: Your next question comes from the line of Chris Crouch.

Chris Crouch: Yes, somewhere along the line I came up with many items that need to be posted in the facility. Have you seen that list? And could you confirm, if you have liberal visiting hours, that there needs to be something posted for that?

Did you hear my question?

Karen Tritz: Yes. So you're referencing a list of what needs to be posted. I'm not sure exactly what you're referencing there. Certainly, there are some requirements as it relates to having the facility survey results available and ability for, you know, grievances and those sorts of things in the Resident Rights section.

As it relates to the visitation rights, I don't think that there's anything that explicitly requires the posting of a liberal visitation hour policy certain – or requirement. Certainly, you would want residents to be aware of what



any – of the visiting hours policy. But I don't recall anything in the regulation that requires a specific posting of visiting hours.

Chris Crouch: Thank you.

Operator: Your next question comes from the line of Toni Travis.

Toni Travis: Hi, this is Toni with Ascension. I was just wondering if you could explain how the survey process would change when you enter with multiple complaints—how the survey sample is picked.

Kim Roche: Hi, this is Kim Roche. Our policy is that when the survey team arrives at the facility, they may have up to five residents with complaints that they include in the initial pool and the sample. If they have more than five residents with complaints, they will be – they can be included in addition to the number that we've identified as the appropriate number in the sample for that particular survey. Does that answer your question?

Toni Travis: Okay – yes, ma'am, thank you very much.

Kim Roche: Sure, you're welcome.

Operator: Your next question comes from the line of Elaine Williams.

Mr. Uzo: Okay, this is Mr. Uzo from Noridian. We just want to know, is there any federalized specification for staff insufficiency? That is to say, is there any specific number?

Evan Shulman: Hi, this is Evan Shulman. Thank you for your question. There is no specific number, no specific ratio or level of staff required per Federal regulations. The requirement is for sufficient and competent staff to meet the resident's needs.

Mr. Uzo: Is there any specific protocol for that determination in terms of, if you want to – how do you satisfy the question that you have competent and sufficient number?



Evan Shulman: Sure, so in the interpretative guidelines that we just recently released, I'd refer you to F-Tags 725 and 726. We also will be publishing a facility task in a few weeks that will continue to aid both surveyors and providers in how to identify compliance with this. And I just – as a footnote, some States—I don't know what State you're from, sir—but some States do have minimum staffing requirements.

Mr. Uzo: Yes.

Evan Shulman: So you may want to check with your state as well. But those are the resources that can help you identify what's the right level. And, of course, also in the facility assessment, which is F838, there's some guidance there about how to assess your population, assess their needs to help determine the level and competency of staff that is needed.

Mr. Uzo: Okay, thank you.

Evan Shulman: Sure.

Operator: As a reminder, if your question has already been answered, you may press the pound key to remove yourself from the queue. Your next question comes from the line of Susan Grayson.

Susan Grayson: Hi, this is Susan Grayson from Christian Living Communities in Denver, Colorado. And I had a question about a recent Survey and Cert memo that came out saying there will be a delay in civil monetary penalties for the Phase 2 elements. Is that true? And does it apply to general enforcement of the regulations or just the penalties?

Karen Tritz: So thanks very much for your question, Susan. The S&C memo that we released has that we will – if there is a Phase 2 requirement where enforcement was determined to be – needed to be imposed based on the deficiencies that were found, that the enforcement remedies that would be used would be a directed plan of correction or a directed inservice training that we would – for 1 year, that we would not use civil money penalties, denial of payment for new admission or for termination for noncompliance related to a Phase 2 requirement. It does not change enforcement as it relates to existing requirements that were – that are in place, either for those that were established with OBRA '87 30 years ago or for Phase 1 requirements that have been in effect since November 28<sup>th</sup>, 2016.



And so, it would really be for those Phase 2 requirements that we would be modifying enforcement policies for 1 year. And so, we do expect that there will be – there's lot of questions, certainly, that may come up about what that means, and if there's related Phase 2 and Phase 1 requirements, those sorts of things. And so, we will be releasing a Survey and Certification memo in the coming weeks to more specifically outline the – which specific tags this refers to and how we would deal with some of those other sorts of complexities, but that's essentially the policy.

Susan Grayson: So you could still get a tag in those issues; you just wouldn't go on to the enforcement of the civil monetary penalties. Is that right?

Karen Tritz: Correct.

Susan Grayson: Or you're not going to issue any tags?

Karen Tritz: So no, so we would – so it still has to be implemented.

Susan Grayson: Okay, good.

Karen Tritz: You still make it a tag.

Susan Grayson: Okay.

Karen Tritz: You still make it a tag if those – if there's a deficiency found. There still would be a plan of correction required through the normal process. But if there's an imposition of enforcement actions that was determined to be needed, then it would be – it would not be a civil money penalty, denial of payment, or a termination.

Susan Grayson: Okay, okay. Okay, thank you so much.

Karen Tritz: Sure.

Operator: Your next question comes from the line of Leanna Nohan.



Leanna Nohan: My name's Leanna. I'm with SQLC in Texas. I was wondering about the Baseline Care Plan and including all of the physicians ...

Hazeline Roulac: I'm sorry, Leanna, we can't hear you. Can you ask your question again and speak up just a little bit? We couldn't hear you.

Leanna Nohan: Sure. Do you have any clarity on including all of the physician orders in the Baseline Care Plan?

Debbie Lyons: Hi, Leanna, this is Debbie Lyons. You asked about, do all of the physician orders need to be included in the Baseline Care Plan? We would say that the physician orders that are relevant to the immediate needs of the resident, so in other words the Baseline Care Plan needs to address the resident's immediate needs. You don't have to have every single physician order. However, if that physician order is related to a problem or some care need that the resident has, that should be reflected in the Baseline Care Plan.

Leanna Nohan: Thank you.

Operator: Your next question comes from the line of Jeanne Caruso.

Jeanne, your line is open.

Jeanne Caruso: Thanks for taking my question. Is there a definition that constitutes the amount of hours that factors into a part-time infection preventionist? And also, you said that the facility matrix is coming out shortly. Have those technical specifications been given over to the software companies?

Megan Hayden: Thank you for your question. This is Megan Hayden. And as it relates to the infection preventionist and the number of hours, there's nothing in the regulation that states a number of hours for a part-time infection preventionist. But I would just urge you to wait until we release further guidance for the Phase 3 infection preventionist. That will be effective November 20<sup>th</sup>, 2019, so please just stay tuned.

Jeanne Caruso: Thank you.



Evan Shulman: Hi, and this is Evan Shulman. On the facility matrix, we do intend to release the matrix in the upcoming weeks – the next few weeks. It will not – in terms of technical specifications, we don't intend to release similar types of technical specifications that we do for, say, MDS or the payroll-based journal. That's because we're not collecting data; we're not collecting – we're not requiring facilities to submit the facility matrix electronically to CMS. So we'll be putting out the actual matrix, but we will not be publishing any software specifications or coding instructions.

Jeanne Caruso: Thank you.

Operator: Your next question comes from the line of Jerry Dykyj.

Jerry Dykyj: Thank you. Good afternoon. In reference to also another memo that was issued by CMS, there's a consideration for freezing the inspection score for an entire year. Is that still being considered?

Karen Tritz: Yes, we're looking around the room saying, which memo is he maybe talking about? So as it relates to Nursing Home Compare ...

Jerry Dykyj: Yes.

Karen Tritz: ... it was the same memo that released the Interpretative Guidance. We are still looking at freezing the health inspection rating for surveys that are conducted under the new Phase 2 requirements, and looking at how we may still provide consumers and families with information about any recent results. But given the changes in the Phase 2 requirements and the survey process, we really felt like we needed to freeze the Nursing Home Compare for 1 year to ensure that we're really making an apples-to-apples comparison in the health inspection score because it is a relative ranking system. So we will be releasing additional information because that also has additional complexities and questions coming in on how exactly that will be implemented, and so we'll be releasing additional information on that in the coming weeks as well.

Jerry Dykyj: Absolutely, because that cuts both ways.

Karen Tritz: Yes, absolutely.



Jerry Dykyj: Yes, thank you so much.

Karen Tritz: Sure.

Operator: Your next question comes from the line of Richard Mollot.

Richard Mollot: Hi, thanks. My question relates to the quality-of-life provision, and in particular, I was wondering if you could flesh out what you mean by pervasive disregard. I was wondering in particular what happens when substandard practices may not be pervasive. Is that just okay in terms of the enforcement system?

Debbie Lyons: Hi, Richard, this is Debbie Lyons. Thank you for the question.

Richard Mollot: Hi, Debbie. Thank you.

Debbie Lyons: So we did define the word pervasive in our guidance that says that for purposes of this guidance, pervasive means spread through or embedded within every part of something. So, you know, we liken it to when you have many tags that are out. And you see that, you know, in multiple areas of the regulations, there are deficient practices. And so, when you take – look at the cumulative effect of all of that deficient practice, it may be appropriate to cite quality of life. And we're talking – you know, generally these are going to be very high-level deficiencies that are significant and, you know, again, widespread pattern of deficient practice. And so, that's pretty much what we mean by pervasive. Does that help?

Richard Mollot: Yes, I mean, I guess, I just – so what happens if it's not pervasive?

Debbie Lyons: Well, so then, you know, probably the more relevant tag, if it was a dignity issue, if it was a ...

(Crosstalk)

Debbie Lyons: ... in addition to a quality of care, those will be cited. But what we're talking about is when we have a pattern of disregard of dignity, a disregard of, you know, resident rights, where staff – I think, if you look in our guidance, we have some pretty extensive examples that I think portray the situation that we're trying to describe here.



Richard Mollot: Okay. So, there would still be tags and it will still be citations for the dignity issues and other issues related ...

Debbie Lyons: Yes, yes.

(Crosstalk)

Richard Mollot: Okay, thank you. That's very helpful. Thank you.

Operator: Your next question comes from the line of Kim Black.

Kim Black: Yes, hi, this is Kim. I'm concerned about the antibiotic stewardship. Are there going to need to be specific policies that all providers agree on as to when antibiotics will need to be used and when they won't?

Hello?

Megan Hayden: Yes, thank you. This is Megan Hayden. So what you're referring to is the antibiotic use protocols. And in our guidance, it talks about having to have an indication, a dosing duration for the prescribing of antibiotics. It also relates to infection assessment tools, and that all relates to the antibiotic use protocols. And you're using the term policy, and we would use the term antibiotic use protocols to capture all of that information.

You also asked about if all providers have to agree to that. And if you look at our guidance, it talks about the – as a good guidance is the CDC core elements of antibiotic stewardship, and it talks about having to have leadership involved as well as a pharmacist that, you know, can help guide the program. Those are just some good areas to look at as far as who needs to come together and try to develop the Antibiotic Stewardship Program. Does that answer your question?

Kim Black: Yes, but we don't have to have individual policies – it doesn't have to be policies. It can be protocols that providers will, hopefully, follow.



Megan Hayden: It's part of the Infection Prevention and Control Program. So I would imagine that you're going to have to have something in writing that directs your providers on how to implement the Antibiotic Stewardship Program. Because it also talks about, in the guidance, having to educate the providers and the nursing staff and even the residents on the Antibiotic Stewardship Program, so there has to be something in place.

Kim Black: Okay, thank you.

Hazeline Roulac: So thank you for that question. We're running out of time. So Dorothy, we will take our last question now.

Operator: Thank you. Your final question comes from the line of Sylvia Bandow.

Sylvia Bandow: Yes, my question is regarding the changes to the antipsychotics, the psychotropics, and the infection control. Are the physicians getting some education on this like the education that we're getting now? Are they – are there any guidelines that are being sent to the physicians and prescribing people?

Hello?

Hazeline Roulac: Yes.

Evan Shulman: Hi, thanks for your question. So we are in contact with the physician organization, such as AMDA, the Society for Post-Acute Care, but it is really incumbent on each facility to work with their physician panel to make sure that they are aware of all of the regulations that are related to them.

Sylvia Bandow: Okay, thank you.

### **Additional Information**

Hazeline Roulac: So thank you very much for that question. Unfortunately, that is all the time we have for questions today. If we did not get to your question, you can email it to the address that's listed on slide 35. If you missed any information presented today or would like to review again, an audio recording and written transcript of today's call will be posted to the MLN National Provider Calls and Events webpage, the same



webpage where you downloaded the slide presentation. We will place an announcement in the MLN Connects® newsletter when these resources are available.

On slide 38 of the presentation, you will find information and a URL to evaluate your experience with today's call. We hope you will take a few moments to evaluate your call experience.

My name is Hazeline Roulac. I would like to thank our presenters and thank all of our participants for your participation in today's Medicare Learning Network Call on Revised Interpretive Guidance for Nursing Homes and New Survey Process. Have a great day, everyone.

Operator: Thank you for participating in today's conference call. You may now disconnect. Presenters, please hold.