

Long Term Care

Continued Efforts over the Past Years

Reminders:

- **Statutory Timeframes:** All skilled nursing facilities (SNFs) and nursing facilities (NFs) are subject to a standard survey that is completed no later than 15.9 months after the previous standard survey, with a statewide average between standard surveys of 12.9 months.
- **Off-hours Surveys:** States must continue to conduct 10 percent of nursing home inspections off-hours (to be started mornings, evenings and/or weekends). These surveys must be completed on consecutive calendar days. Additionally, 50 percent of these surveys (or 5 percent of all surveys) must be conducted on weekends in facilities with potential staffing issues.
- **Resident Assessment Instrument/Minimum Data Set (RAI/MDS):** All certified nursing homes and swing bed hospitals are required to encode and transmit MDS records to CMS in accordance with CMS established specifications and time frames. CMS expects the States to continue to provide staff to serve as RAI/MDS educational and technical resources to nursing homes and SA staff. As such, States must continue to adequately fund and staff the positions of a RAI coordinator and a RAI/MDS automation coordinator. The State RAI coordinator and the RAI/MDS automation coordinators will be responsible for:
 - Maintaining an up-to-date working knowledge of the RAI manual and MDS 3.0 assessment;
 - Attending all mandatory training sessions and demonstrating competency and skills in the RAI process, including coding and transmitting the MDS 3.0;
 - Participating in CMS-sponsored workgroups, meetings, and conferences;
 - Conducting at least two structured provider training courses within the fiscal year, and provide ongoing RAI/MDS education and technical support to SNF/NF and swing bed hospital providers, and SA staff (training courses shall be documented and reportable to CMS); and
 - Educating providers and SA staff on reports from the data system, MDS outcome or other reports
- **State Medicaid funding:** States must secure the necessary Medicaid State share for funding those activities attributable to Medicaid facilities or dually-certified facilities.
- **Maintenance of Nurse Aide Training Registry:** States are required to maintain a registry of all individuals who have completed a nurse aide training course and have passed a competency evaluation test. States must also investigate allegations of resident neglect and abuse (including misappropriation of personal funds) by a nurse aide or other individuals. See 42 CFR Subpart D, and Section 4132 and 4141 of the State Operations Manual for additional requirements.

- **Review of Requests for Waiver of Nurse Aide Training Program 2-year Prohibition**

States are required to maintain a list of approved nurse aide training programs. If a program is disapproved due to survey findings, the State has specific authority under the statute to review requests for waiving the disapproval particularly for those facilities where access to other approved programs is an issue. Please see below memo for additional clarification. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Survey-and-Cert-Letter-18-02.html?DLPage=1&DLEntries=10&DLSort=3&DLSortDir=descending>

<u>Nursing Homes</u>			
Tier 1	Tier 2	Tier 3	Tier 4
<ul style="list-style-type: none"> • Nursing Homes- 15.9 Month Max. <u>Interval</u>: No more than 15.9 months elapses between completed surveys for any particular nursing home. • Nursing Homes - 12.9 Month <u>Avg</u>: All nursing homes in the State are surveyed, on average, once per year. The Statewide average interval between consecutive standard surveys must be 12.9 months or less. 		<ul style="list-style-type: none"> • Initial Surveys of Nursing Homes that are seeking Medicaid-only – funded only by Medicaid (not Medicare) and surveyed at state priority • Initial Surveys of Nursing Homes seeking dual Medicare/Medicaid certification* 	

**Note: Conversion of a Medicaid-only Nursing Facility (NF) to dual-certification (SNF/NF) does not require an initial Medicare certification survey provided all of the following are met: (a) the Medicaid survey has been completed within the prior six months, (b) the majority of beds in the facility will remain Medicaid-certified and (c) the procedures in SOM 7002 are followed for SNFs.*

On-Going Efforts:

- **Enforcement and Civil Money Penalty Tool:** CMS will be continuing work on enforcement policies to support compliance. States are expected to transfer all cases that warrant enforcement to the CMS regional office.
- **Emergency Preparedness Surveys:** Please refer to the Emergency Preparedness website for additional information for these requirements and surveys starting November 15, 2017. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>
- **State Reinvestment of Civil Money Penalty (CMP) funds:** States are required to reinvest CMP funds to improve and protect the health and safety of nursing home residents. CMS has provided additional guidance via Admin Info memo (18-16-NH, <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Administrative-Information-Memos-to-the-States-and-Regions-Items/Admin-Info-Letter-18-16.html>). The first plan must be submitted by October 31st. They are also required to maintain a plan of how the funds are

intended to be reinvested, and report certain metrics about projects funded. CMS will continue to work with States to monitor and ensure the appropriate use of CMP funds.