

RoP Phase 3: What We Know, What We Don't Know, and How to Prepare

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Objectives

1. Participants will recognize key changes to the federal Requirements of Participation that go into effect on November 28, 2019 (RoP Phase 3).
2. Participants will identify actions to take within their centers to prepare for Phase 3 implementation while we await additional CMS guidance and resources available to help them comply.
3. Participants will understand how current CMS priorities and the pending proposed rule revising the RoPs impact their preparation for Phase 3.



Implementation of Phase 3 Requirements (November 2019)

Janet Snipes, Executive Director, Holly
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Major Phase 3 Requirements

- Culturally competent and trauma-informed care
- QAPI Program
- Infection Preventionist
- Compliance and Ethics
- Call System from Bedside
- Training Program



Take Note: Status of Interpretive Guidelines

- Phase 3 Interpretive Guidelines (IG) not yet released
 - How will CMS enforce?
 - Where should I focus my efforts?



Trauma-informed Care (§483.25(m))

Intent and Purpose:

Promote a supportive and healing environment that cares for the whole person, promotes well-being, and ensures residents who are trauma survivors receive care that recognizes their experiences and preferences and mitigates triggers



Trauma-informed Care

- Appears in multiple areas in the RoPs
 - Care Planning
 - Behavioral Health Services
 - Quality of Care
- Requires providers to provide trauma-informed care to residents who are trauma survivors
 - Awareness of resident preferences and impact of past experiences
 - Eliminate or mitigate triggers
- Assure staff competency in recognizing and caring for trauma survivors



Trauma-informed Care and Care Planning

- Services provided or arranged as outlined by the comprehensive care plan must
 - Meet professional standards of care
 - Be provided by qualified persons
 - Be **culturally-competent and trauma-informed (Phase 3)**



Trauma-informed Care and Behavioral Health Services (§483.40)

- Staff need to be competent and have skill sets to provide care and services to residents with mental and psychosocial disorders **as well as residents with a history of trauma and/or post-traumatic stress disorder (Phase 3)**
 - Includes substance use disorders
 - Dementia care and services



Caring for the Whole Person

- Individualized approach to direct care and activities – goals, choice, dignity, autonomy, privacy, socialization, independence, safety
- Supportive environment and communication
- Non-pharmacological interventions
- Medically-related social services (not new)
- Rehab services for mental disorders and intellectual disability if required in plan of care



Questions to Ask Key Staff

- How are you preparing to educate staff about trauma-informed care?
- How will you ensure staff is competent to provide trauma-informed care?



QAPI Program

Intent and purpose:

Implement a comprehensive approach to continuous assessment and improvement within your center rooted in quality improvement principles including data-driven monitoring, prioritization, root cause analysis, teamwork, and systemic action.



QAPI Program Elements

- Design and Scope
- Program feedback, data systems and monitoring
- Program systematic analysis and systemic action
- Governance and leadership
- QA&A: Add Infection Preventionist



QAPI Program Oversight

- Facility's governing body is responsible and accountable for the QAPI program

→ Need process for reporting QAPI activities/summaries to owner/board members



Prevention of Abuse/Neglect Aligned with QAPI Program

Centers must have policies & procedures related to:

- Preventing abuse, neglect, and exploitation of residents and misappropriation of resident property
- Investigating any allegations of abuse, neglect, exploitation, or misappropriation of property
- Providing training to staff, contractors, and volunteers
- Establish coordination with the QAPI program (Phase 3)



QA Protection of Documents

- F865 - QAPI Plan Language
 - Facility must maintain documentation and evidence of compliance, which may include: systems and reports demonstrating identification, reporting, investigation, analysis and preventions of adverse events; and documentation demonstrating the development and implementation of corrective actions and PI activities.
- F865 - QA Assessment & Assurance Language
 - Disclosure of Information - State may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance the QA committee with the requirements of this section.
 - Sanctions - Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.



Questions to Ask Key Staff

- How will the governing body be held accountable for QAPI?
- What process is in place to ensure all staff understand this center's QAPI program?
- What process is in place to obtain and use feedback and input from staff, residents, etc.? How will that information will be used to identify high risk or high volume problems and opportunity for improvement?



Infection Preventionist

Intent and Purpose:

Ensure qualified individual(s) are responsible for managing the center's infection prevention and control program and to establish reliable systems for infection prevention and control



Infection Preventionist (F882)

- Primary professional training in nursing, medical technology, microbiology, epidemiology or related field
- Be qualified by education, training, experience or certification
- Work at least part-time at facility
- Completed specialized training in infection control



Questions to Ask Key Staff

- Have we designated or hired a staff person (e.g. nurse or other clinician) who has or will obtain additional training in infection control?
 - Bonus: Do we have a back-up person to help the IP who might be able to step into the role (with appropriate training) if need be?
- Do we have a plan for integrating the IP into the QAA committee so they may report to the committee on IPCP on a regular basis?
- Have we taken advantage of AHCA's IPCO Qualification Training?



Compliance and Ethics Program

Intent and Purpose:

Establish an ongoing program to prevent and detect criminal, civil, and administrative violations and promote quality of care



Compliance and Ethics Program

- You most likely have this in place: now you will be surveyed on this
- Very similar to what HHS Office of Inspector General recommended for all nursing homes to implement
- Facilities that had/have a Corporate Integrity Agreement may have most of the expectations in place
- For companies with 5+ buildings, additional requirements



Compliance and Ethics Program Elements

F895 – Compliance and Ethics Programs

- Written compliance and ethics policies
- Assignment of specific “**high-level**” **personnel** to oversee
- **Sufficient resources** and authority for person chosen
- Due care not to delegate to a person that facility knows or should have known has propensity to engage in illegal acts
- Communication of standards - **Employee training**
- **Reasonable steps** to assure compliance, including routine monitoring
- **Appropriate response** to violations
- **Consistent enforcement** of standards



Steps to Take

- Develop a written program on Compliance & Ethics that has eight sections consistent with CMS guidance
 - Keep the P&P short and written in 8th grade language
 - Create a system/process for staff to report concerns
 - Review reports on regular basis to see if C&E is being followed and if it needs to be revised
- Designate a person to oversee C&E program
 - Make sure they have the correct lines of reporting



Steps to Take

- Develop a short in-service on the C&E P&P that includes what and how to report concerns
 - Develop a tracking program for all employees, contractors and volunteers who complete the in-service
- Add C&E program review to list of P&Ps that need to be reviewed annually or as needed
- Use AHCA's [Compliance and Ethics resources](#), including toolkit, webinars, and training materials



Questions to Ask Key Staff

- What system will be used to educate all staff on the Compliance and Ethics Program?
- How are you preparing your staff to answer surveyor questions: e.g., Who oversees your compliance and ethics program? How do you report a concern?
- What process will be used to review and revise the Compliance and Ethics Program to ensure it is effective?



Training Program

Intent and Purpose:

Ensure all personnel have the skills and competencies they need to care for your center's unique residents



Education and Training

- Required for: “...all new and existing staff; individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles.”



Training Program (Phase 3)

- Training topics must include but are not limited to:
 - Effective communication;
 - Resident rights;
 - Abuse, neglect, and exploitation;
 - QAPI;
 - Infection control;
 - Compliance & ethics;
 - Behavioral Health; and
 - Any other topics guided by facility assessment



CNA Training (483.95(g))

- §483.95(g) Required in-service training for nurse aides. In-service training must—
 - (1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year.
 - (2) Include dementia management training and resident abuse prevention training.
 - (3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at § 483.70(e) and may address the special needs of residents as determined by the facility staff. (Phase 3)
 - (4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.



Steps to Take

- Review your current in-service curriculum against required list
 - Develop short in-services on your policies and procedures (record them if you can)
 - Develop a tracking mechanism for all your employees, contractors and volunteers.
- Ask your contractors to assure their employees have received and can provide documentation for in-services on required topics



Steps to Take

- Review your current in-service curriculum against GAP analysis from
 - Facility assessment for resident characteristics and treatment requirements
 - On-going monitoring of staff practices
 - QAA committee findings and root cause analyses
- Consider developing an on-going peer monitoring system for compliance with facility P&Ps
 - Add to QAA committee or other committee quarterly review of CNA practices



Questions to ask Key Staff

- Who is the trainer, what is the timing for educating
 - All staff
 - All volunteers
 - All contractors
 - ...and keeping them up to date on these additional topic areas?
- How are we ensuring our training program is focused on building and demonstrating **competencies**?
- How do you track the training and prove it is happening?



Call System (§483.90(g))

Intent and Purpose:

Ensure residents have a means of directly contacting caregivers from their bedsides and toilet and bathing facilities.



Call System

- 483.90(f). The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from—
 - (1) **Each resident's bedside**; and
 - (2) Toilet and bathing facilities.



Steps to Take

- If you don't meet this requirement, begin talking with vendors to install, test and train on systems that notify staff directly or to a centralized area that is staffed
 - Note: Having a call system to a centralized area that is frequently unattended will likely not meet this requirement, but CMS has not issued final guidance yet.
- Routinely ask residents if their “call lights” are being answered.
- Routinely test the call systems in bedrooms and bathrooms to assure they are functional and that staff respond.



Strategies for Survey and Compliance

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>
- LTC Survey Pathways
- LTCSP Initial Pool Care Areas
- LTCSP Procedure Guide (eff. 8/5/2018)
- LTC Survey FAQs (updated 7/11/2018)



Know the Trends

<https://qcor.cms.gov/main.jsp>



RoP Proposed Rule

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Release of Proposed Rule

- On July 16, CMS issued a [proposed rule](#) that is intended to ease some of the administrative and paperwork burdens of the Requirements of Participation (RoPs)
- The proposed rule includes changes to the current long-term care (LTC) requirements of participation and survey process designed to reduce excessively burdensome and overly prescriptive regulations while allowing centers to focusing on providing high-quality care
- The total estimated cost savings of the proposed changes over each of the first five years is approximately \$644 million



Regulatory Sections with Proposed Changes

- Resident Rights (§483.10)
- Admission, Transfer, and Discharge Rights (§483.15)
- Quality of Care (§483.25)
- Nursing Services (§483.35)
- Behavioral Health Services (§483.40)
- Pharmacy Services (§483.45)
- Food and Nutrition Services (§483.60)
- Administration (§483.70)
- Quality Assurance and Performance Improvement (§483.75)
- Infection Control (483.80)
- Compliance and Ethics Program (§483.85)
- Physical Environment (§483.90)
- Informal Dispute Resolution (§488.331)
- Civil Money Penalty Imposed by CMS and IIDR (§488.431)
- Civil Money Penalties Imposed by the State (§488.432)
- Civil Money Penalties: Waiver of Hearing, Reduction of Penalty Amount (§488.436)
- Civil Money Penalties: Due Date for Payment of Penalty (§488.442)



Highlights of Proposed Changes

- ❑ Grievance Process – remove specific duties of grievance official, reduce timeframe to maintain written grievance information to 18 months
- ❑ Transfer/Discharge Notices – sending copies of transfer notices to LTC Ombudsman only for involuntary facility-initiate discharges and not for emergency transfers to acute care facility
- ❑ Pharmacy Services – Allow renewal of PRN orders of all psychotropic medications with documented rationale
- ❑ Infection Control – IP to have “sufficient time” at facility to oversee program



Highlights of Proposed Changes

- Physical Environment – exception regarding number of residents per room and bathroom facilities for buildings that were previously LTCF
- Compliance and Ethics – periodic review of program vs. annual; adjust requirements for larger organizations (5 or more facilities)
- Facility Assessment – update every two years or as needed
- Food and Nutrition Services – removal of requirement for CDM



Highlights of Proposed Changes

- ❑ QAPI Program – greater flexibility to tailor program and simplification of requirements; review of QAPI documents at end of survey only
- ❑ IDR/IIDR Process – timeframe, written rationale, knowledge of approved independent entity



Comment Submission and Next Steps

- AHCA submitted detailed comments
- AHCA members submitted hundreds of comments (800+)
- CMS currently reviewing all public comments and making decisions about what proposals to finalize and issue in a final rule
 - Issue date of final rule is TBD



Proposed Delay of Some Phase 3 Requirements

- CMS has proposed to delay implementation of some Phase 3 requirements ***for one year after the effective date of finalization of the rule.*** The requirements included in the proposed delay are:
 - Elements of the Quality Assurance and Performance Improvement (QAPI) program and required QAPI staff training
 - Compliance and ethics program requirements as well as required compliance and ethics staff training



What does this mean?

- The delay is **proposed** and does not go into effect until CMS issues a final rule.
- CMS states that the purpose of this delay is to avoid “unnecessary work, confusion and burden associated with implementing provisions, which may then change in a final rule shortly thereafter.”
- For more information on the proposed rule, visit [ahcanalED](https://www.ahcanalED.com).



Other CMS Priorities Impacting You

- [CMS Administrator's Plan for Ensuring Safety and Quality in America's Nursing Homes](#)

1. Strengthen Oversight
2. Enhance Enforcement
3. Increase Transparency
4. Improve Quality
5. Put Patients over Paperwork



AHCA Resources to Help You



LOG IN

CONTENT LIBRARY

NEED HELP? ▾

WEBINARS ▾

On-Demand Training

Virtual AHCA Patient Driven Payment Model Training

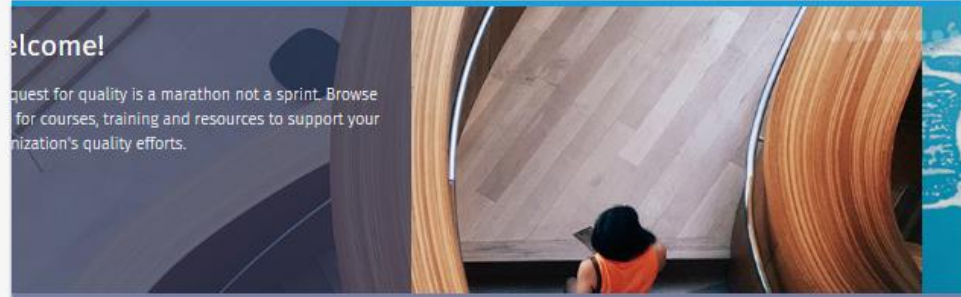
AHCA/AHIMA ICD-10 Training for PDPM – CODER

AHCA/AHIMA ICD-10 Training for PDPM – NON-CODER

Understanding SNF VBP in Detail

To browse more online learning offerings

CLICK HERE



BUSINESS SOLUTIONS FOR BETTER PATIENT CARE



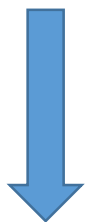
Resources

Save time, access these downloadable materials in areas of the Requirements of Participation, data, assisted living, and more.

RoP FIVE STAR OPIOID USE LEARN MORE



Training



<https://educate.ahcanca.org/RoP>

Requirements of Participation: Preparing for Phase 3

Phase 3 of the RoPs goes into effect on November 28, 2019. AHCA has developed resources to help you navigate the new requirements. AHCA will continue to add and update these resources as more information becomes available and after CMS issues interpretive guidelines for Phase 3.

Proposed Rule Revising Requirements of Participation (RoPs)- updated July 2019 [CLICK HERE](#)

Phase 3 Overview Materials [CLICK HERE](#)

Physical Environment [CLICK HERE](#)

Infection Prevention [CLICK HERE](#) [IPCO COURSE](#)

Behavioral Health & Trauma Informed Care [CLICK HERE](#)

Compliance & Ethics Program [CLICK HERE](#)

Training Program & Staff Competencies [CLICK HERE](#)

General Resources to Support Implementation and Compliance [CLICK HERE](#)

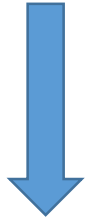
Action Briefs, Tools and Webinars

The library below is a living repository of tools and resources to help you navigate the Requirements of Participation. It contains an array of documents divided into three categories:

- **ACTION BRIEFS** - provide highlights, specific information, tips and resources about a particular topic [CLICK HERE](#)
- **Tools** - are an instrument designed to assist you in implementing the requirement [CLICK HERE](#)
- **Webinars** - are an array of communications from AHCA to assist you in learning and mastering the new requirements [CLICK HERE](#)

The Quality Team has a plan in place to deliver these topics to you in a regular and steady fashion. Be sure to return often to see the newest materials.

COMING SOON - Tackle Your Top Tags Series



<https://educate.ahcanca.org/RoP>

Phase 3 Overview Materials

✓ You are registered!

Overview Contents (6)

Key: Complete Next Failed Available Locked

- Phase 3 Implementation Video**
Select the "View On-Demand Recording" button to begin.
- RoP Overview Checklist: Phase 3**
Open to download resource.
- Required Policies and Procedures**
Open to download resource.
- RoP Playbook: Phase 3**
Open to download resource.
- Extracted Final Rule**
Open to download resource.
- Phase 3 Requirements**
Open to download resource.



Questions?

- For additional questions, contact regulatory@ahca.org



IMPROVING LIVES *by*
DELIVERING SOLUTIONS *for*
QUALITY CARE