Following are the links to four (4) new CMS Survey and Certification Letters:


   The Centers for Medicare & Medicaid Services (CMS) has released an interim report addressing the history of the National Partnership to Improve Dementia Care; summarizing activities to date; providing reasons & descriptions regarding the early progress made; and outlining next steps for future Partnership efforts.

**Background**

- In 2012, CMS established the National Partnership to Improve Dementia Care in Nursing Homes in response to the 2011, Office of the Inspector General (OIG) of the DHHS report underscoring the high use of atypical antipsychotic medications for “off-label” indications among nursing home residents, i.e., that 83% of atypical antipsychotic drug claims were for elderly nursing home residents lacking diagnoses for which antipsychotic medications were FDA-approved.

**The Report includes 3 attachments:**

- Attachment A – Interim Report Overview
- Attachment C – Appendices –
  - Appendix A – Lists – State Coalition Leads & Master Participant
  - Appendix B – List – Selected Accomplishments to Date
  - Appendix C – Letters – Samples Sent to Nursing Homes
  - Appendix D – Examples – Programs & Resources

**Partnership Activities**

- The National Partnership initial goal was to reduce the national prevalence of antipsychotic medication use in long-stay nursing home residents by at least 15% by December 31st, 2012.
- CMS worked with consumer advocates, Quality Improvement Organizations (QIOs) and Advancing Excellence (AE) Local Area Networks for Excellence (LANES) to identify existing groups or establish new Coalitions dementia care with leaders/champions in every State. (Appendix A).
- CMS conducts regular conference calls with States, regions and national calls with State Coalitions (Appendix B) and increased direct outreach to nursing homes, hospitals, advocates, professionals and
- Professional associations.

- Partner organizations such as State survey agencies, regional offices and professional organizations sent emails or letters to members or nursing homes with high rates of antipsychotic use. (Appendix C).

- CMS and partners made numerous resources available in the public domain (Appendix D).

- CMS and AE established a National Partnership webpage (https://www.nhqualitycampaign.org) that provides technical assistance, tools and educational resources all of which are free and in the public domain.

- ‘Hand-in-Hand’, a series of 6 DVDs, was developed and distributed free to nursing homes (http://www.cms-handinhandtoolkit.info/Index.aspx).

- CMS began publicly reporting incidence (short-stay residents) and prevalence (long-stay residents) of antipsychotic medication use on Nursing Home Compare beginning 7/12. CMS sends 1/4ly updates with State and national averages and rates for each facility in the State to State Coalition leads and professional associations who share the reports with their State chapter leadership.

- CMS implemented enhanced surveyor guidance at §483.25 Quality of Care, Care and Services of a Resident with Dementia, F309; and revisions/clarifications to §483.25(l) Unnecessary Medications, F329.


- Research initiatives related to dementia care and antipsychotic use were funded or expanded as part of the National Partnership.

**Current Data Trends**

- Two measures of antipsychotic medications were posted on Nursing Home Compare (NHC) beginning 7/12.

  - An incidence measure that assesses the % of short-stay residents that are given an antipsychotic medication after admission to the nursing home; and

  - A prevalence measure (used to track the progress of the National Partnership) that assesses the % of long-stay residents receiving an antipsychotic medication.

- Over 18 months, the national prevalence of antipsychotic use in long-stay NH residents was reduced by 15.1% (the rate decreased from 23.8% to 20.2%) and every CMS region showed at least some improvement. Some States showed more improvement than others, e.g., GA reduced their rate by 26.4% and NC saw a 27.1% reduction. Short-stay incidence rates improved as well (Figures 4-6; pgs. 24-26).

- CMS examined citation patterns at F329 by State and Region, and will continue to track these citations including scope and severity (Tables 1-4; Figure 7, pgs. 27-29).

- CMS reviewed mental/neurological diagnoses (Table 5, p. 30) and rates
of use for other psychopharmacologicals, such as anxiolytics and sedative/hypnotics (Table 6, p. 30).

- Data as of 3/14 suggest a slight increase in the % of nursing home residents who received a diagnosis of schizophrenia, and a small decline in use of sedative-hypnotics, as well as a significant reduction in antipsychotics during the initiative.

**Next steps:**
1. Now that the 15% goal has been achieved, CMS will set new goals in 2014.
2. CMS will revise guidance, based on surveyor feedback and enforcement trends.
3. CMS will continue to monitor outcomes related to the initiative, including direct outreach, deficiency citation patterns and other efforts.
4. CMS will continue to facilitate patient outcome and health systems research on this issue.

******

2. Fiscal Year (FY) 2014 Post Sequester Adjustment for Special Focus Facility (SFF) Nursing Homes (4/18/14)


- CMS is “…making certain adjustments in the SFF program one year after the S&C memorandum (S&C 13-23-ALL) that was issued pursuant to the FY ’13 budget sequestration. States will select and replace nursing homes for SFF designation and continue the SFF initiative (consistent with Sections 1819(f)(8) and 1919(f)(10) of the Social Security Act).”
- CMS is expecting States to continue the process to speed up final resolution of the issues with these nursing homes where serious problems have persisted for a considerable time.
- Changes include an 18 month "last chance" onsite survey and review of the progress of all facilities that have been on the SFF list for more than 12 months.
  - If the onsite survey reveals ongoing issues “…the facility would continue in the SFF program with a more robust quality improvement program, or the Medicare provider agreement would be terminated for non-compliance…”
- Effective 5/1/14, CMS outlines the number of SFF slots and candidates list for each state, adjusted to accommodate future changes in the SFF program.
- States have the option of designating SFF facilities immediately or
phasing in the designation by 7/31/14.

- The table also includes a listing of the total number of SFFs currently enrolled in the program.

- CMS will be developing several pilot programs in various CMS Regions and may be making additional policy process adjustments to the SFF program. The pilot programs are designed to evaluate other interventions for the SFF program.

+++++++++++++

3. Publication of Notice of Proposed Rulemaking (NPRM) for Fire Safety Requirements – Informational Only (4/18/14)


- On 4/14/14, CMS published a proposed rule that would amend the current fire safety standards for Medicare- and Medicaid-participating providers and suppliers: long term care facilities; hospitals; critical access hospitals; ambulatory surgical centers; hospices that provide inpatient services; religious non-medical health care institutions; and programs of all-inclusive care for the elderly facilities (PACE).
- Comments are due by 5 pm EST 6/16/2014.
- The proposed rule may be viewed at: https://federalregister.gov/a/2014-08602. [Please note: A summary/highlights/request for comment will follow under separate cover]

+++++++++++++

4. Focused Minimum Data Set (MDS) and Dementia Care Surveys (4/18/14)


- CMS is currently developing 2 distinct focused survey processes to assess dementia care and Minimum Data Set, Version 3.0 (MDS 3.0) coding practices in nursing homes.
- The focused survey processes are to inform future activities to enhance dementia care and MDS 3.0 accuracy and care planning in nursing homes including potentially more widespread survey activities.
  - The intent of the dementia care focused survey is to document dementia care practices in nursing homes.
The intent of the MDS focused survey is to document MDS 3.0 coding practices and associated care planning in facilities.

- CMS will pilot these surveys beginning in mid-2014.
- Each of the reviews will be conducted through partnerships with approximately 5 State Agencies (SAs).
- CMS will provide webinar training for those States participating in the focused reviews.
  - The training will be mandatory for SA staff conducting reviews and for 1 manager or trainer within the SA.
- Deficient practices noted during the survey will result in relevant citations.
  - If additional care concerns are identified during on-site reviews, those concerns will be investigated during the survey or will be referred to the SA as a complaint for further review.

**Background**

**Dementia Care**

- Through the National Partnership to Improve Dementia Care, nursing homes in the U.S. have achieved a 15.1% reduction in antipsychotic drug use, including much higher reductions in certain states and regions. “…However, much more remains to be done to evaluate issues such as symptom (e.g., pain) management, decision-making, caregiver stress, and others related to comprehensive dementia care in nursing homes…”
- One component of the National Plan to Address Alzheimer’s Disease (http://aspe.hhs.gov/daltcp/napa/#Plan) includes improving assessment of dementia care practices across settings.
- CMS is undertaking a pilot “…to more thoroughly examine the process for prescribing antipsychotic medication as well as other dementia care practices in nursing homes. CMS will pilot this focused survey in order to gain new insights about surveyor knowledge, skills and attitudes and ways that the current survey process may be streamlined to more efficiently and accurately identify and cite deficient practice as well as to recognize successful dementia care programs…”

**MDS 3.0**

- “…While the primary purpose of the MDS 3.0 is to serve as the clinical basis for individualized care planning and delivery of person-centered care, CMS recognizes that the MDS 3.0 also supports resource utilization group (RUG) scores and associated Medicare and, in some cases, Medicaid payment rates, quality monitoring, and more. Assessment accuracy is critical to the aforementioned outputs and is paramount to optimizing person-centered care planning and to ensuring each resident is able to attain or maintain the highest practicable physical, mental, and psychosocial well-being.”
Focused Surveys

- The first survey process will include a detailed review of dementia care in nursing homes, including reviewing resident-level and organizational-level processes. The intent of this review is to review and document dementia care practices by nursing homes.
- CMS will identify the specific facilities to be surveyed and will work with the States to identify dementia care experts to accompany surveyors for the first survey whenever possible.
- The second survey will focus on Minimum Data Set, Version 3.0 (MDS 3.0) coding practices and will evaluate the MDS assessments and the associated care planning for nursing facility residents.
- CMS will identify the specific facilities to be surveyed.
- For both surveys, participating SAs will be asked to allocate 2 surveyors for a period of 2 to 4 weeks for onsite SA surveys in up to 5 facilities, as well as time required for training.
- CMS will work with each State to schedule the specific pilots.
- CMS is developing the surveyor tools and will provide them for the States’ use.
- For questions related to the dementia care survey, contact Michele Laughman at dnh_behavioralhealth@cms.hhs.gov.
- For questions regarding the MDS 3.0 survey, contact Shelly Ray or Jen Pettis at MDSFORSandC@cms.hhs.gov.