The NEW Mega Rule – Requirements for Participation
Phase 2 Elements
Objectives

• The summary of provisions within the statutory citations for each section in Phase “1”
• Review of each regulation within Phase “2”
• Discuss next steps for the post-acute care provider
History
Goals

• After nearly 30 years, modernize the rules nursing homes.
• Qualify for Medicare and Medicaid payments.
• High standards for Quality and Safety
• Reassure families
• Enforce compliance
Key Components

- Antibiotic Use
- Reducing hospitalization
- Alternative meals and snacks
- Anti-psychotic medications
- Choosing a roommate
- Staff Competencies
- Nursing hours
- Dementia Care
Implementation Phases

• Phase 1: November 28, 2016
• Phase 2: November 28, 2017
• Phase 3: November 28, 2019
§483.10 Resident rights

The section will be implemented in Phase 1 with the following exception:

(g)(4)(ii) – (v) Providing contact information for State and local advocacy organizations, Medicare and Medicaid eligibility information, Aging and Disability Resources Center and Medicaid Fraud Control Unit — Implemented in Phase 2.
Resident Rights

• Add contact information for:
  – State & Local Advocacy Organizations
  – Medicare & Medicaid Eligibility Information
  – Aging & Disability Resource Centers
  – Medicaid Fraud Control Unit
§483.12 Freedom from abuse, neglect, and exploitation.

This section will be implemented in **Phase 1** with the following exceptions:

(b)(4) Coordination with QAPI Plan—Implemented in **Phase 3**.
(b)(5) Reporting crimes/1150B—Implemented in **Phase 2**.
• Revised Title – “Freedom from Abuse, Neglect & Exploitation”

• Reporting of crimes
  – Law Enforcement
  – 2 hours if serious bodily injury
  – 24 hours without serious bodily injury
  – Remember “Check State requirements

• Policy, Education, HR Forms
§483.15 Admission, transfer, and discharge rights.

This section will be implemented in Phase 1 with the following exceptions:

(c)(2) Transfer/Discharge Documentation—Implemented in Phase 2.
• Admission, Transfer, and Discharge Rights
• Transfer or discharge must be documented and include:
  – History of present illness
  – Reason for transfer
  – Past medical/surgical history
  – Exchange with receiving provider or facility

✓ Policy, education, DC documentation forms
Information provided to the receiving entity must include at a minimum

- Demographics
- Representative information
- Advance directives
- History of present illness
- Reason for transfer with PCP contact information
- Past medical/surgical history with procedures
- Active diagnoses/current problem list and status
- Lab tests and results of pertinent lab & diagnostics
- Functional status
• Information provided to the receiving entity must include at a minimum
  – Psycho-social assessments including cognition
  – Social Supports
  – Behavioral health issues
  – Medications
  – Allergies
  – Immunizations
  – Smoking status
  – Vital signs
  – Unique identifiers for implanted devices
  – Comprehensive care plan goals, health concerns, assessment and plan, preferences, interventions, efforts to meet resident needs
Probes: Discharge

• Do records document accurate assessments address resident’s needs, Accommodation of individual needs and attention to the resident’s customary routines?
• Did the resident’s physician document the record if the discharge is for residents welfare.
• Can the facility meet resident needs.
Probes: Discharge

• The resident’s health improved.
• The resident health is endangered
• Reasons and process that safety may have been affected.
• Changes in payment
§483.20 Comprehensive person-centered care planning.

This section will be implemented in **Phase 1** with the following exceptions:
- (a) Baseline care plan—Implemented in **Phase 2**
- (b)(3)(iii) Trauma informed care—Implemented in **Phase 3**.
Plan of Care

• Comprehensive person centered care plan

• Phase 2 - Baseline care plan – *(share with resident and/or representative)*
  – Within 48 hours of admission
  – Initial goals based on orders
    • Physician orders
    • Dietary orders
    • Therapy services
    • Social services
Plan of Care

• Care plan must describe
  – Service that are to be furnished to attain or maintain the resident’s highest practicable physical, mental, and psychosocial well-being
  – Any other services that would otherwise be required but are not provided due to resident exercise of rights including right to refuse treatment
  – Specialized services or rehab from PASARR recommendations
• The care plan address the needs, strengths and preferences
• The care plan oriented toward preventing avoidable declines.
• The care plan attempt to manage risk factors
• The care plan build on resident strengths
Care Plan Probes

- The care plan reflect standards of current professional practice
- Resident’s goals and wishes for treatment in the plan is met.
- Resident has made a choice.
MDS Importance

Care
Area
Assessment
Summary
§483.35 Nursing services.

This section will be implemented in Phase 1 with the following exception:

• Specific usage of the Facility Assessment at §483.70(e) in the determination of sufficient number and competencies for staff — Implemented in Phase 2
Nursing Services

• **Sufficient Staffing** *(F353)*
  • Adds competency requirement for determining sufficient nursing staff based on facility assessment
    – Capacity
    – Census
    – Acuity
    – Assure resident safety
    – Range of diagnoses
    – Care plan content

✓ *Policy, education,*
Determining Staffing
Nursing Services

• Facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for resident needs as identified through assessments and care plans

• Providing care includes assessing, evaluating, planning and implementing resident care plans and responding to resident needs
Nursing Service Intent

• To assure that sufficient qualified nursing staff.
• Available on a daily basis to meet residents’ needs for nursing care.
• Promotes each resident’s physical, mental and psychosocial well-being, thus enhancing their quality of life.
• §483.40 Behavioral health services.

• This section will be implemented in Phase 2 with the following exceptions:
  – (a)(1) As related to residents with a history of trauma and/or post-traumatic stress disorder—Implemented in Phase 3
  – (b)(1), (b)(2), and (d) Comprehensive assessment and medically related social services--Implemented in Phase 1
 Behavioral Health

- **Provision of behavioral & mental health services for mental health and psychosocial illnesses**
- Competency approach
- Staffing
- Staff Training
- Non pharmacy interventions
- Skill sets
- Care plans
- Adds gerontology to allowed human service fields for social service workers

✓ **Policy, education, competency, care plan, partnership contracts**

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§483.45 Pharmacy services.

This section will be implemented in Phase 1 with the following exceptions:

• (c)(2) Medical chart review—Implemented in Phase 2

• (e) Psychotropic drugs—Implemented in Phase 2
Pharmacy Services

- **Drug Regimen Review** *(F428)*
  - At least every month
  - When resident is “new”
  - When resident returns – prior resident
  - Transferred from hospital or another facility
  - Monthly if on ABX or psychotic medication
  - Any drug requested by QAA Committee

- Pharmacist & MD documentation guidelines
- Must be sent to MD, *Medical Director*, & DON
- Definition of “irregularities”
- Terminology – “psychotropic drugs” any drug that affects brain activity associated with mental process and behavior
§483.55 Dental services.

This section will be implemented in **Phase 1** with the following exceptions:

- (a)(3) and (a)(5) Loss or damage of dentures and policy for referral—Implemented in **Phase 2**

- (b)(3) and (b)(4) Referral for dental services regarding loss or damaged dentures—Implemented in **Phase 2**
Dental Services

• Prohibits SNF from charging a resident for lost or broken dentures when facility is responsible
• Must make referral promptly to fix or replace dentures within 3 business days
• Extenuating circumstances must be documented in the record
• Assist with appointments and transportation

✓ Policy, education
§483.60 Food and nutrition services.

This section will be implemented in **Phase 1** with the following exceptions:

- (a) **As linked to Facility Assessment** - **Implemented in Phase 2**
- (a)(1)(iv) Dietitians hired or contracted with prior to effective date—Built in implementation date of **5 years** following effective date of the final rule.
- (a)(2)(i) Director of food & nutrition services designated to serve prior to effective—Built in implementation date of **5 years** following the effective date of the final rule.
- (a)(2)(i) Dietitians designated to after the effective date—Built in implementation date of **1 year** following the effective date of the final rule.
F361

- **Staffing** – must employ sufficient staff with appropriate competencies and skills to carry out function of food services taking into consideration
  - Resident assessment
  - Plan of care
  - Diagnoses and acuity
  - Census

- Ethnic, cultural, and religious preferences
§483.70 Administration.

This section will be implemented in **Phase 1** with the following exceptions:

(d)(3) Governing body responsibility of QAPI program—Implemented in **Phase 3**.
(e) Facility assessment—Implemented in **Phase 2**.
• **Facility Wide Resource Assessment (F490)**
  – To determine appropriate resources to care for residents during day to day operations and also in emergencies
  – Update annually & with any major change in census or services
  – Address the following:
    • Census
    • Capacity
    • Types of Care
    • Staff competencies required
    • Cultural aspects
    • Resources (personnel & equipment)
§483.75 Quality assurance and performance improvement.

This section will be implemented in **Phase 3** with the following exceptions:

- (a)(2) Initial QAPI Plan must be provided to State Agency Surveyor at annual survey—Implemented in **Phase 2**
- (g)(1) QAA committee—All requirements of this section will be implemented in **Phase 1** with the exception of subparagraph (iv), the addition of the IP, which will be implemented in **Phase 3**
- (h) Disclosure of information—Implemented in **Phase 1**
- (i) Sanctions—Implemented in **Phase 1**
• **Quality Assurance & Performance Improvement Program** – requires all SNFs to:
  – Develop
  – Implement
  – Maintain

• Effective, comprehensive, data driven QAPI program that focuses on:
  – Systems of Care
  – Outcomes of Care
  – Quality of Life

✓ Policy, education, QAPI program
QAPI

• Program Design and Scope
• Program Feedback, data systems, and monitoring
• Program systematic analysis and systemic action
§483.80 Infection control.

This section will be implemented in **Phase 1** with the following exceptions:

- (a) As linked to Facility Assessment at §483.70(e)—Implemented in **Phase 2**
- (a)(3) Antibiotic stewardship—Implemented in **Phase 2**
- (b) Infection Preventionist (IP)—Implemented in **Phase 3**
- (c) IP participation on QAA committee—Implemented in **Phase 3**
Infection Control

• **IPCP must include**
  
  – Phase 2 - an antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use
  
  – a system for recording incidents identified under the facility IPCP and the corrective actions taken by the facility
§483.90 Physical environment.

This section will be implemented in **Phase 1** with the following exceptions:

- (f)(1) Call system from each resident’s bedside—Implemented in **Phase 3**
- (h)(5) Policies regarding smoking—Implemented in **Phase 2**
• Establish policies regarding smoking in accordance with federal, state, and local laws and regulations, must include
  – Smoking
  – Tobacco cessation
  – Smoking areas
  – Safety

✔ Policy, education, admission agreement
Pathway Resources

• Phase 2 Webinar Series – WATCH for registration coming up in March
• Policies and Procedures
• RoP Toolkit
• Phase 1 & 2 Readiness Consultation Services
• Implementation Guidance
• Quick Paths
Resources/References

- [www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapidefinition.html](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapidefinition.html)
Thank you!

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