CMS UPDATES TO LONG TERM CARE GUIDANCE – SUMMARY GUIDE FOR HOSPICES

CMS’s Center for Clinical Standards and Quality /Survey & Certification Group has recently posted several updates to Long Term Care (LTC) provider guidance. Hospice providers serving patients residing in LTC facilities should be aware of these changes in order to effectively coordinate and collaborate with the facility staff regarding shared patients. The State Operations Manual (SOM) is the CMS manual that provides the Interpretive Guidelines for each Medicare provider type, along with additional descriptions and probe questions for Medicare surveyors. Skilled nursing providers have “F-tags” for their surveyor guidance, hospices have “L-tags.” Hospices who are providing care to patients in nursing facilities could be cited for compliance with nursing home requirements and “f tags” along with a citation to the nursing home.


Implementation date: December 1, 2012

Revisions to Appendix P of the SOM: Survey Protocols for LTC Facilities have been revised for the Traditional Survey process. Tasks 1-5C to reflect changes for the:
- Minimum Data Set (MDS) 3.0;
- New Quality Measures (QM) Reports;
- Revised CMS forms 672 and 802, 802S and 802P; and
- Sampling and reviewing residents receiving psychopharmacological medications, specifically antipsychotic medications.

Revisions to Chapter 9 of the SOM: Various exhibits including survey forms have been revised to accommodate changes for MDS 3.0 and the new QM Reports; and


All new language is presented in red and italics at the following link:

2. S&C 12-48-NH, F tag 309—Quality of Care- Advance Copy

Posted September 27, 2012

Implementation date: November 30, 2012
CMS’s Center for Clinical Standards and Quality/Survey & Certification Group made changes to surveyor guidance for End of Life in Appendix PP of the SOM to provide clarification to nursing home surveyors when determining compliance with the regulatory requirements for End of Life. The regulatory language remains unchanged.

F309

42 CFR 483.25 Quality of Care
Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

All new language is presented in red and italics at the following link:

Posted September 27, 2012
Implementation date: November 30, 2012

Revisions have been made to Surveyor Guidance at F tag 155 in Appendix PP of the SOM, to include resident’s rights to:
- Establish Advance Directives; and
- Accept or decline treatments.

Surveyor training: Power Point Training material with speaker notes for Centers for Medicare & Medicaid Services (CMS) Regional Offices (ROs) and State Survey Agencies (SAs) to be used to train surveyors on this revision to F tag 155 in the SOM are provided.

F155
§483.10(b)(4) and (8)
§ 483.10(b)(4) – The resident has the right to refuse treatment, to refuse to participate in experimental research*, and to formulate an advance directive as specified in paragraph (8) of this section; and

§483.10(b)(8) – The facility must comply with the requirements specified in subpart I of part 489 of this chapter relating to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult** residents concerning the right to accept or refuse medical or surgical treatment and, at the individual’s option, formulate an advance directive. This includes a written description of the facility’s policies to implement advance directives and applicable State law.
All new language is presented in red and italics at the following link:

4. S&C: 12-46-NH, F tag 322—Feeding Tubes-Advance Copy

Posted September 27, 2012
Implementation date: November 30, 2012

Revision to F tag 322: Revisions have been made to Guidance to Surveyors at F tag 322 in Appendix PP of SOM concerning Feeding Tubes.

Collapsed F tag 321: F tag 321 is deleted and the regulatory language and guidance moved to F tag 322.

CMS made revisions to interpretive guidelines for Feeding Tubes in Appendix PP of the SOM to provide clarification to nursing home surveyors when determining compliance with the regulatory requirements for feeding tubes. The regulatory language will remain unchanged.

CMS deleted F tag 321 which contained language about not using feeding tubes unless unavoidable, and incorporated the guidance into F tag 322. These revisions should be implemented no later than November 30, 2012 and we are providing an advance copy of the revised guidance. All new language is presented in red and italics at the following link:

F322

§483.25(g)(1) A resident who has been able to eat enough alone or with assistance is not fed by naso-gastric tube unless the resident's clinical condition demonstrates that use of a naso-gastric tube was unavoidable

* For the purpose of the interpretative guidelines at F tag 322 the regulatory title “§483.25(g) Naso-gastric tubes” is considered to include any feeding tube used to provide enteral nutrition to a resident by bypassing oral intake.

The intent of this regulation is that:
• The feeding tube is utilized only after adequate assessment determines that the resident's clinical condition makes this intervention medically necessary;
• A feeding tube is utilized in accordance with current clinical standards of practice and services are provided to prevent complications to the extent possible; and
• Services are provided to restore normal eating skills to the extent possible.

-###-