New Long Term Care Survey Process

Disclaimer

- The information provided within these slides are current as of May 15,2017. It provides information related to the CMS' intent to implement the survey process on November 28, 2017 and the policies and procedures based on development to date.

- This presentation will be updated as new information becomes available.

Overview

- Overview of Regulation Reform
- F-Tag Renumbering
- New Interpretive Guidance (IG)
- Current Survey Processes vs. New Survey Process
- New LTC Survey Process
- LTC Surveyor Training
- State Preparation
- Questions?

Overview of Regulation Reform

Overview of Regulation Reform

The regulation reform implements a number of pieces of legislation from the Affordable Care Act (ACA) and the Improving Medicare Post-Acute Care Transformation (IMPACT) Act, including the following:

- Quality Assurance and Performance Improvement (QAPI)
- Reporting suspicion of a crime
- Increased discharge planning requirements
- Staff training section

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Implementation Grid

Implementation Date	Type of Change	Details of Change
Phase 1: November 28, 2016 (Implemented)	Nursing Home Requirements for Participation	New Regulatory Language was uploaded to the Automated Survey Processing Environment (ASPEN) under current F Tags
Phase 2: November 28, 2017	F Tag numbering Interpretive Guidance (IG) Implement new survey process	New F Tags Updated IG Begin surveying with the new survey process
Phase 3: November 28, 2019	Requirements that need more time to implement	Requirements that need more time to implement

Phase 2 of LTC Regulations

- Implement by November 28, 2017
- Providers must be in compliance with Phase 2 regulations
- All States will use new computer–based survey process for LTC surveys
- All training on new survey process needs to be completed before go live date

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Phase 2 of LTC Regulations (continued)

Phase 2 includes:

- Behavioral Health Services
- Quality Assurance and Performance Improvements (QAPI Plan Only)
- Infection Control and Antibiotic Stewardship
- Physical Environment – smoking policies

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Phase 2 will include:

- Behavioral Health Services
- Quality Assurance and Performance Improvements (QAPI Plan Only)
- Infection Control and Antibiotic Stewardship
- Physical Environment – smoking policies

Phase 2 of LTC Regulations, continued

Phase 2 includes, but is not limited to:

- Resident Rights and Facility Responsibilities – Required Contact Information-
- Freedom from Abuse, Neglect, and Exploitation – 1150B
- Admission, Transfer, and Discharge Rights – Transfer/Discharge Documentation

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Phase 2 will include, but is not limited to:

- Resident Rights and Facility Responsibilities – Required Contact Information
- Freedom from abuse, neglect, and exploitation – 1150B Requirements (reporting reasonable suspicion of a crime) See S&C 11-30 Memo -Reporting Reasonable Suspicion of a Crime
- Admission, transfer, and discharge rights – Transfer/Discharge Documentation

Phase 2 of LTC Regulations, continued

Phase 2 includes, but is not limited to:

- Comprehensive Person-Centered Care Planning
- Pharmacy Services – psychotropic medications
- Dental Services – replacing dentures
- Administration – Facility Assessment

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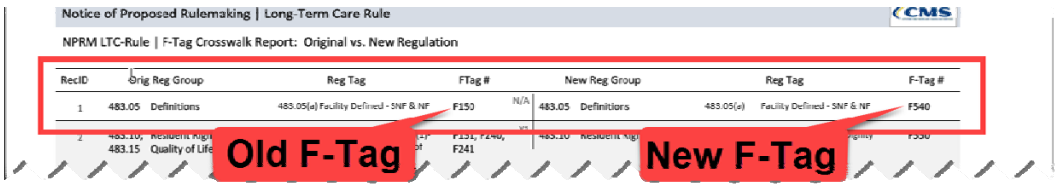
Phase 2 includes, but is not limited to:

- Comprehensive Person-Centered Care Planning – Baseline Care Plan
- Pharmacy Services – Drug regimen review and reporting – review of medical chart, definition of psychotropic medications
- Dental Services – replacing lost dentures
- Administration – Facility Assessment – tied to sufficient and competent staff requirements

F Tag Renumbering

F Tag Renumbering



The image above is the F Tag Crosswalk showing:

- The original regulatory grouping and the new associated grouping
- The original regulation number and the new associated regulation number
- The original F Tag and the associated new F Tag

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The crosswalk is currently under development once finalized it will be distributed. This job aid will be available in the fall of 2017.

The image above is the F Tag Crosswalk showing:

- The original regulatory grouping and the new associated grouping
- The original regulation number and the new associated regulation number
- The original F Tag and the associated new F Tag

F Tag Renumbering, continued

Notice of Proposed Rulemaking | Long-Term Care Rule

NPRM LTC-Rule | F-Tag Crosswalk Report: Original vs. New Regulation

RecID	Orig Reg Group		Reg Tag	FTag #		New Reg Group		Reg Tag		F-Tag #
1	483.05	Definitions	483.05(a) Facility Defined - SNF & NF	F150	N/A	483.05	Definitions	483.05(a)	Facility Defined - SNF & NF	F540
2	483.10; 483.15	Resident Rights; Quality of Life	483.10 Resident Rights; 483.10(a)(1)-(2): Right to Exercise Rights-Free of Reprisal; 483.15: Care and Environment Promotes Quality of Life; 483.15(a): Dignity and Respect of Individuality	F151, F240, F241	Y1	483.10	Resident Rights	483.10; 483.10(a)(1)-(2); 483.10(b)(1)-(2)	Resident Rights and Dignity	F550
3	483.10	Resident Rights	483.10(a)(3)-(4): Rights Exercised by Representative	F152	Y2	483.10	Resident Rights	483.10(b)(3)-(7)	Rights Exercised by Representative	F551
4	483.10	483.10 Resident Rights	483.10(b)(3): Informed of Health Status, Care & Treatments;483.10(b)(4):Right to Refuse; Formulate Advance Directives	F154, F155	Y3	483.10	Resident Rights	483.10(c)(1),(4),(5)	Right to be Informed/Make Treatment Decisions	F552
5	483.10; 483.20	Resident Rights Resident Assessment	483.10(b)(3): Informed of Health Status, Care & Treatments; 483.10(d)(3): Right to Participate Planning Care- Revise CP	F154, F280	Y4	483.10	Resident Rights	483.10(c)(2)-(3)	Right to Participate Planning Care	F553
6	483.10	Resident Rights	483.10(n): Resident Self-Administer Drugs if Deemed Safe	F176	Y5	483.10	Resident Rights	483.10(c)(7)	Resident Self-Administer Drugs if Deemed Safe	F554
7	483.10	Resident Rights	483.10(b)(9):Notice of Rights, Rules, Services, Charges; 483.10(d)(1): Right to Choose a Personal Physician	F156, F163	Y6	483.10	Resident Rights	483.10(d)(1)-(5)	Right to Choose/Be Informed of Personal Phys	F555
8	483.10	Resident Rights	483.10(l)	None	Y8	483.10	Resident Rights	483.10(e)(2)	Right to Have Personal Property	F557
9	483.10	Resident Rights	483.10(f)(1): Right to Privacy	F[illegible]	Y9	483.10	Resident Rights	483.10(e)(1)	Reasonable Accommodations	[illegible]

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This is a larger view of the crosswalk. The crosswalk is currently under development once finalized it will be distributed. This job aid will be available in the fall of 2017.

New Interpretive Guidance (IG)

New Interpretive Guidance (IG)

- CMS is in the process of updating information for Appendices P and PP. Once the guidance is approved it will be available in the SOM.
- States should ensure surveyors use the most recent version of the regulation and IG
- CMS plans to release the Guidance in early summer 2017

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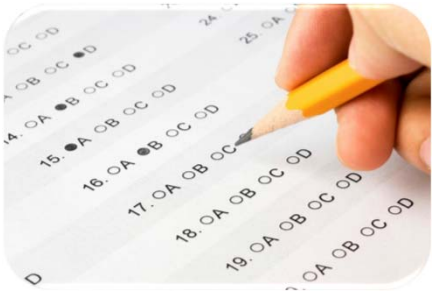
- CMS is in the process of updating information for Appendices PP and P. Once the guidance is approved it will be available in the SOM.
- States should ensure surveyors use the most recent version of the regulation and IG

Surveyor Minimum Qualifications Test (SMQT) and the New Regulations

- SMQT will not reflect any new regulations/guidance at this time
- SMQT will be suspended November and December 2017
- The test is scheduled to be updated to reflect new guidance/regulations for January 2018



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Current Survey Processes vs. New Survey Process

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Now let's switch topics and discuss the survey process. I'm first going to give a high level overview of the key differences between the current survey processes as compared to the new survey process.

Why is CMS Changing the LTC Survey Process?

- Two different survey processes existed to review for the Requirements of Participation (Traditional and QIS)
- Surveyors identified opportunities to improve the efficiency and effectiveness of both survey processes.
- The two processes appeared to identify slightly different quality of care/quality of life issues.
- CMS set out to build on the best of both the Traditional and QIS processes to establish a single nationwide survey process.

Goals of New Process

- Same survey for entire country
- Strengths from Traditional & QIS
- New innovative approaches
- Effective and efficient
- Resident-centered
- Balance between structure and surveyor autonomy

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The New LTC Survey Process will replace both the Traditional and QIS processes, which means everyone in the country will use the same process. When designing the New LTC survey Process, they took into account the strengths from both the Traditional and QIS. One strength of the Traditional process was that surveyors could ask residents questions as they would like, which was retained in the New LTC Survey Process to promote surveyor autonomy. Having a computer-based process and using pathways as investigative tools were strengths of the QIS process that were used for the New LTC Survey Process. They also included many innovative ways of conducting various components of the survey.

The overarching goal for the New LTC Survey Process is to have one unified survey process that effectively identifies survey outcomes in an efficient manner that accounts for survey resources for both time spent onsite and the number of surveyors. The New LTC Survey Process is resident-centered, which means resident-specific concerns identified through resident observations and resident or representative interviews are emphasized. The New LTC Survey Process provides as much structure as possible to ensure consistency while allowing surveyors the autonomy to make decisions based on their expertise and judgment.

Automation

Traditional	Quality Indicator Survey (QIS)	New Survey Process
• Survey team collects data and records the findings on paper • The computer is only used to prepare the deficiencies recorded on the CMS-2567	Each survey team member uses a tablet PC throughout the survey process to record findings that are synthesized and organized by the QIS software	Each survey team member uses a tablet or laptop PC throughout the survey process to record findings that are synthesized and organized by new software

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The Traditional survey process is completed on paper while the QIS process is automated. The new survey process will be an automated process.

Sample Selection

Traditional	QIS	New Survey Process
• Sample size determined by facility census • Residents are pre-selected based on QM/QI percentiles (total sample) • Sample may be adjusted based on issues identified on tour • Maximum sample size is 30 residents • Includes complaints	The ASE-Q provides a randomly selected sample of residents for the following: • Admission sample is a review of up to 30 current or discharged resident records • Census sample includes up to 40 current residents for observation, interview, and record review • With QIS 4.04, complaints can be included in census sample	• Sample size is determined by the facility census • 70% of the total sample is MDS pre-selected residents and 30% of the total sample is surveyor-selected residents. Surveyors finalize the sample based on observations, interviews, and a limited record review. • Maximum sample size is 35 residents

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The sample size for the new survey process will be based on the facility census. The sampling approach for the new survey process is different than either current process. The sample for the new survey process includes 70% of MDS pre-selected residents and 30% surveyor-selected residents.

Offsite

Traditional	QIS	New Survey Process
• Review Casper 3 and 4 reports • Survey team uses QM/QIs report offsite to identify preliminary sample of residents areas of concern	• Review the Casper 3 report and current complaints • Download the MDS data to PCs • ASE-Q selects a random sample of residents for Stage 1 from residents with MDS assessments in past 180 days	• Each team member independently reviews the Casper 3 report and other facility history information • Review offsite selected residents and their indicators and the facility rates.

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All of the survey processes review facility history information to prepare for the survey. In addition, surveyors will review the offsite selected residents and facility rates during offsite preparation which is similar to the Traditional process.

Information Needed Upon Entrance

Traditional	QIS	New Survey Process
• Roster Sample Matrix Form (CMS-802)	• Obtain census number and alphabetical resident census with room numbers and units • List of new admissions over last 30 days	• Completed matrix for new admissions over the last 30 days • Facility census number • Alphabetical list of residents • List of residents who smoke and designated smoking times

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Similar to the other processes, there will be information requested immediately after entering the facility which we'll discuss in detail later.

Initial Entry to Facility

Traditional	QIS	New Survey Process

• Gather information about pre-selected residents and new concerns
• Determine whether pre-selected residents are still appropriate
• 1 – 3 hours on average
	• No sample selection
	• Initial overview of facility, resident population and staff/resident interactions.
	• 30 – 45 minutes on average for initial overview
		• No formal tour process
		• Surveyors complete a full observation, interview all interviewable residents, and complete a limited record review for initial pool residents:
		  • Offsite selected residents
		  • New admissions
		  • Vulnerable residents
		  • Identified Concern that doesn't fall into one of the above subgroups
		• 8 hours on average for interviews, observations, and screening.

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Unlike the current survey processes, there is no formal tour for the new survey process. Surveyors will begin observing every resident in their assigned area to identify about eight residents for the initial pool process and then will spend about eight hours completing the observations, interviews and record review for the residents selected for the initial pool process.

Survey Structure

Traditional	QIS	New Survey Process
• Resident sample is about 20% of facility census for resident observations, interviews, and record reviews • Phase I: Focused and comprehensive reviews based on QM/QI report and issues identified from offsite information and facility tour • Phase II: Focused record reviews • Facility and environmental tasks completed during the survey	• Stage 1: Preliminary investigation of regulatory areas in the admission and census samples and mandatory facility tasks started • Stage 2: Completion of in-depth investigation of triggered care areas and/or facility tasks based on concerns identified during Stage 1	• Resident sample size is about 20% of facility census • Interview, observation and limited record review care areas are provided for the initial pool process; surveyors can ask the questions as they would like • Surveyors meet to discuss and select sample, may have more concerns than can be added to the sample; may need to prioritize concerns

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The new survey process took into account the strengths of both the Traditional and QIS processes and tried to balance consistency with surveyor autonomy. For the new survey process, surveyors are completing thorough observations, interviews and a limited record review for the residents selected during the initial pool process. Part of that review consists of covering a number of quality of life and care areas and during interviews the surveyor can ask the questions as they would like as long as they maintain the intent of the area.

For the new survey process, the survey team will select the residents for the sample.

Survey Structure, continued

Traditional	QIS	New Survey Process
		• Investigations are then completed during the remainder of the survey for each sample resident using CE pathways • Facility tasks and closed record reviews are completed during the survey

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Once the sample is selected, the remainder of the survey is spent conducting investigations for residents, facility tasks and closed records.

Group Interviews

Traditional	QIS	New Survey Process
• Meet with Resident Group/Council • Includes Resident Council minutes review to identify concerns	• Interview with Resident Council President or Representative • Includes Resident Council minutes review to identify concerns	• Resident Council Meeting with active members • Includes Resident Council minutes review to identify concerns

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The new survey process includes a group interview with residents who are active members of the resident council; however, the questions asked during the group are different from both current processes.

New LTC Survey Process Overview

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Now let's discuss the new LTC survey process.

New Survey Process

- The new survey process builds on the best of both survey processes.
- Process is computer software-based
- Input from various stakeholders
- Survey process and software are in testing and development and validation

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CMS is currently working with their internal IT department and outside contractors to develop software for the new survey process. CMS is also working to gather input from various resources within the SA and RO to develop new reports from the survey tool that will inform State and RO review (similar to the Desk Audit Report (DAR), but simpler).

New Survey Process (continued)

Three parts to new Survey Process:

1. Initial pool process
2. Sample Selection
3. Investigation

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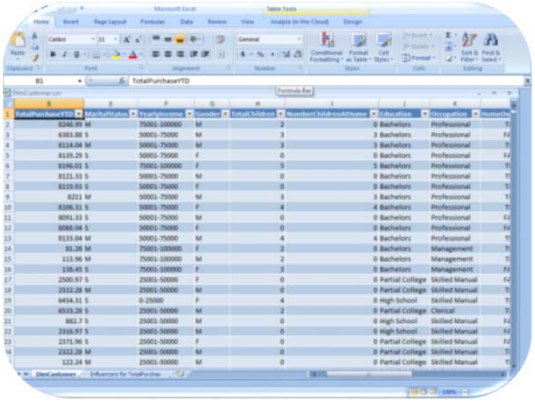
The new survey process is computer-based with three parts:

1. The initial pool process
2. Sample selection
3. The investigative process

Development Sources

- Current QIS/Traditional Processes
- State Survey Agencies
- Regional Offices
- CMS Central Office
- University of Colorado
- Technical Expert Panel
- Literature review & data analyses



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The New LTC Survey Process developed by CU under CMS' direction was designed based on careful consideration from numerous sources, relevant data, and multiple rounds of testing.

CU reviewed the pros and cons of both the QIS and Traditional processes that were submitted by State and Regional representatives at the April 2015 SETI conference.

CU conducted interviews with CMS staff who had expertise in both the QIS or Traditional processes or survey-related policy development. The interviews addressed strengths and weaknesses of the Traditional and QIS approaches and suggestions for a new and more effective survey process.

A survey process Technical Expert Panel, or TEP, was held in July 2015, where four diverse groups of RO and State Surveyors developed components of their ideal survey process. As a part of that TEP, information from a questionnaire the participants completed prior to the meeting was included , which included input from the surveyors in their respective State or Region.

CU also took into account information obtained through a literature review. CU reviewed literature on the effectiveness of the LTC Survey Process to obtain additional perspectives

on survey effectiveness and areas for improvement.

Whenever possible during developmental activities, CU conducted quantitative and qualitative data analyses to help inform decisions on the design of the New LTC Survey Process. In addition, the CU project team contributed input on the new survey process based on a blend of expertise in QIS and the Traditional processes, including research, testing, and redesign.

Although it is not possible to design a survey process that incorporates all opinions, they attempted to consider as many perspectives and factors as possible. Throughout the planning process, they considered how various design approaches would affect survey outcomes and resources.

Testing and Validation

- Testing and validation is ongoing
- Diverse selection criteria
  - Small & large facilities
  - Urban & Rural facilities
  - Variations in 5-star ratings
  - Geographically diverse facilities
- Use of broad group of RO, SA, and
- contract surveyors to test process and software
- Equal use of QIS and traditional states
- Use of analytic teams

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Once the process was developed, testing began using CU, CMS Central Office, HMS, ROs and State surveyors. To date, they have had eight ROs and 12 SAs test the survey. Accounting for all testers, they have tested the survey, thus far, in 16 States and 24 facilities. CMS plans to do more testing to test revisions that were made to the process so the material presented today may undergo minor changes.

To test the process, they wanted to ensure they had as much diversity as possible. During testing, they represented States from around the country, including both QIS and Traditional. They tested in facilities of various sizes with teams of various sizes. They tested in urban and rural facilities. They tested in facilities both with and without rehabilitation units and/or locked Alzheimer's units. They tested in facilities with various ratings—both facilities with good and poor performance.

For some of the test surveys, an analytic team also reviewed facility quality issues to determine if those areas of concern were identified through the survey process.

Following each round of testing, CU and CMS analyzed the data from each survey and reviewed surveyor feedback on the process. Based on the testing results and

feedback, the process and materials were refined for the next round of testing.

Overview

- Initial Pool Process
  - Sample size based on census:
    - 70% offsite selected
    - 30% selected onsite by team:
      - Vulnerable
      - New Admission
      - Complaint
      - FRI (Facility Reported Incidents- federal only)
      - Identified concern

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I want to give a really high level overview of the entire survey process before going into more detail.

There are three main parts to the New LTC Survey Process: the initial pool process, sample selection, and investigation.

The sample size is based on the facility census. Generally, the sample size is about 20% of the facility census. In some cases, the sample size is slightly higher than the numbers included in the Traditional sample size grid but lower than the sample size for QIS. One example is the cap for facilities with a census at or above 175 residents. The cap for the Traditional is set at 30 and the cap for QIS is set at 40. The New LTC Survey Process has a cap of 35 residents for larger facilities.

One of the most critical components to any survey is the sample. For the new survey process, 70% of the residents will be MDS pre-selected. The team will select 30% of the residents onsite, including vulnerable residents who are dependent on staff, new admissions within the last 30 days, complaints or facility-reported incidents or FRIs—which would cover any alleged violation involving mistreatment,

neglect, abuse, injuries of unknown origin, and misappropriation of property—and any resident who has a significant concern but does not fall into any of the sub-groups I just mentioned.

The first day of the survey, or about eight hours, depending on when the team enters, is spent conducting observations, interviews, and a limited record review for the residents in the initial pool.

Overview, continued

- Select Sample
  - Survey team selects sample
- Investigations
  - All concerns for sample residents requiring further investigation
    - Closed records
    - Facility tasks

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At the end of the first day or beginning of the second day, the survey team will identify the sample. Once the sample is selected, the remainder of the survey is spent investigating all concerns requiring further investigation for the residents in the sample. Facility tasks and closed-record investigations will also be conducted.

Section I. Offsite Prep

Offsite Preparation

- Team Coordinator (TC) completes offsite preparation
  - Repeat deficiencies
  - Results of last Standard survey
  - Complaints
  - FRIs (Facility Reported Incidences- federal only)
  - Variances/waivers
- Necessary documents are printed

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As a part of offsite preparation, each surveyor will review the residents selected offsite and facility rates.

The TC completes offsite preparation, which includes:
A review of the CASPER 3 report to identify patterns of repeat deficiencies
Results of the last Standard survey
Complaints since the last survey, including active complaints
Facility reported incidents or FRIs, including FRIs that will be included in the survey per the SA's practice
Facility variances/waivers

A list of materials will be printed, such as blank matrices with instructions, as well as an Entrance Conference Worksheet for the facility.

Offsite Preparation, continued

- Unit and mandatory facility task assignments
  - Dining
  - Infection Control
  - Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review
  - Resident Council Meeting

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The TC makes unit assignments using last year's floor plan and mandatory facility task assignments. For the New LTC Survey Process, the facility tasks are grouped into those tasks required to be investigated on every survey and those only investigated if a concern is identified onsite. There are nine mandatory facility tasks, which includes (read tasks listed on slide).

Offsite Preparation, continued

- Unit and facility task assignments, continued
  - Kitchen
  - Medication administration and storage
  - Sufficient and competent nurse staffing
  - QAA/QAPI
- No offsite preparation meeting

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(finish reading tasks listed on slide). We will discuss the facility tasks in more detail later.

Once the TC completes the offsite preparation, each team member will independently review the information. There is no required offsite preparation team meeting.

Section II. Facility Entrance

Facility Entrance

- Team Coordinator (TC) conducts an Entrance Conference
  - Updated Entrance Conference Worksheet
  - Updated facility matrix
- Brief visit to the kitchen
- Surveyors go to assigned areas

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Now we will shift and discuss what occurs when the team enters the facility. The TC conducts a brief Entrance Conference with the Administrator and then goes to their assigned unit. The surveyor assigned the kitchen conducts a brief visit to the kitchen and then goes to their assigned unit. Everyone else goes immediately to their assigned areas.

While much of the information you cover during the Entrance Conference is the same, there have been some revisions from the information requested in both current processes. A few updates include:

- Asking for a list of residents who smoke and smoking times, which will be used on the first day
- Asking for the number and location of medical storage rooms and carts, which will be used later in the survey
- Asking for updated instructions for the list of residents for the beneficiary notices review, which we will cover later

For the New LTC Survey Process, you will ask the facility to complete a matrix—the care areas on the matrix are different from what is requested in the Traditional—

with the goal of making the matrix as effective of a tool as possible.

Updated Facility Matrix (Draft)

	Resident Room Number	Date of Admission if Admitted within the Past 30 Days	Alzheimer / Dementia	I, DD, ID & No PASARR level II services	Medications: Insulin (I), Anticoagulant (AC), Antibiotic (ABX), Diuretic (D), Opioid (O), Hypnotic (H), Antianxiety (AA), Antipsychotic (AP), Antidepressant (AD), (RESP) Respiratory	Facility Acquired Pressure Ulcers (any stage)	Worsened Pressure Ulcer (any Stage)	Excessive Weight Loss w/out Prescribed Weight Loss Program	Tube Feeding	Dehydration	Physical Restraints	Falls (F), Fall with Injury (FI), or Fall w/Major Injury (FMI)	Indwelling Catheter	Dialysis: Peritoneal (P), ~~Hemo~~ (H), in facility (F) or outside (O)	Hospice	End of Life Care /Comfort Care/Palliative Care	Tracheostomy	Ventilator	Transmission-Based Precautions	Central venous line/Intravenous therapy	Infections (M,WI, FI, P, TB, VH, UTI)	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

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CMS has revised the matrix to more effectively capture those pieces of information needed for the survey.

The Revised Facility Matrix is still in draft and may change. Topics included in the Facility Matrix include.

- *Residents Admitted within the Past 30 days*
- *Alzheimer's/Dementia*
- *Mental Illness, Developmental Disability, or Intellectual Disability & No PASARR Level II*
- *Medications – certain medications such as insulin, anticoagulants*
- *Facility Acquired Pressure Ulcers (any stage):*
- *Worsened Pressure Ulcer(s) at any stage*
- *Excessive Weight Loss*
- *Tube Feeding*
- *Dehydration*
- *Physical Restraints*
- *Fall(s)*
- *Indwelling Urinary Catheter*

- *Dialysis*
- *Hospice*
- *End of Life/Comfort Care/Palliative Care*
- *Tracheostomy*
- *Ventilator*
- *Transmission-Based Precautions*
- *Central venous line/Intravenous therapy*
- *Infections*

Section III. Initial Pool Process

Initial Pool Process

- Surveyor request names of new admissions
- Identify initial pool—about eight residents
  - Offsite selected
  - Vulnerable
  - New admissions
  - Complaints or FRIs (Facility Reported Incidences- federal only)
  - Identified concern

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Now we will talk about the initial pool process, which begins once you get to your assigned area. Once you get to your unit, you will ask the nurse for a list of new admissions within the last 30 days.

Then you will go room to room without staff so you can identify residents to include in the initial pool. Remember, the offsite selected residents only account for 70% of the sample, and you will identify the remaining 30% of the sample.

The initial pool will be comprised of:

- Residents selected offsite
- Vulnerable residents who are dependent on staff (this is a subgroup because these residents are at a high risk for care concerns)
- New admissions within the last 30 days (this is a subgroup since new admissions are typically excluded from the resident listing because they have not had an MDS submitted yet and they have unique needs)
- Active complaints or FRIs
- Any other resident who has a significant concern that does not fall into any of the other subgroups

It is not possible to complete an observation and interview for every resident in your assigned area; therefore, the goal is that each surveyor will include about eight residents in their initial pool although every resident in your assigned area should be observed/screened to determine if they should be in the initial pool. That is not a fixed requirement, which means a surveyor can include less or more than eight residents in their initial pool. That said, you may have more than eight residents in your assigned area who qualify for inclusion in the initial pool; for example, you may be on a rehabilitation unit and have a high number of new admissions, or you may be on a locked Alzheimer's unit and have a high number of vulnerable residents. If this is the case, the surveyor will prioritize residents based on a brief screening.

Resident Interviews

- Screen every resident
- Suggested questions—but not a specific surveyor script
- Must cover all care areas
- Includes Rights, QOL, QOC
- Investigate further or no issue

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You will complete a full observation, interview, and limited record review for each resident you include in the initial pool. The observation, interview, and limited record review include a wide range of care areas.

Let us first discuss the structured resident interview. You will screen each of your initial pool residents to determine if you think the resident is interviewable. If the resident is interviewable, you will complete a full interview for the resident, which takes about 20 minutes. For the interview, suggested questions are available; however, you can ask the questions as you like, such as open-ended or closed or broad or narrow, but all care areas should be addressed. This is an example of balancing structure by requiring surveyors to cover the same care areas while allowing for surveyor autonomy by letting surveyors ask the questions as they like as long as they maintain the intent of the regulatory area. The care areas cover quality of life, resident rights, and quality of care.

For any concern expressed by the resident, you will ask additional questions until you can determine whether the concern can be ruled out or needs to be investigated further, which means you think there may be deficient practice. For

example, if the resident says they had an issue with their roommate but the facility addressed the concern to their satisfaction, you would not need to investigate further; conversely, you would want to investigate a concern if the resident says they have lost weight recently because of their loose dentures unaddressed by the facility. Allowing you to ask questions to determine if a concern warrants an investigation ensures your investigative time is spent on actual areas of concern.

Surveyor Observations

- Cover all care areas and probes
- Conduct rounds
- Complete formal observations
- Investigate further or no issue

45

For the full observation, you will address the probes listed in each care area. You will conduct rounds until you can answer questions for all observation care areas. You may complete formal observations for wounds or incontinence care if the situation presents itself or is necessary—for example, if a resident has not been assisted to the bathroom for a long period of time or is covered in bed.

Resident Representative/Family Interviews

- Non-interviewable residents
- Familiar with the resident's care
- Complete at least three during initial pool process or early enough to follow up on concerns
- Sampled residents if possible
- Investigate further or no issue

46

Now let's discuss the resident representative or family interviews. The representative interviews or family will be completed for non-interviewable residents. The individual should be familiar with the resident's care. The goal is to complete at least three interviews for the team on the first day to better inform your sampling decisions. You may call the representative/family member, especially if you have observational concerns.

If you are unable to complete three representative/family interviews during the initial pool process, you have until the end of the survey to complete them; however, the team should complete the interviews early enough in the survey to have enough time to follow up on any concerns. We know, in some cases, it can be difficult to find representatives for non-interviewable residents who are familiar with the resident's care.

Limited Record Review

- Conduct limited record review after interviews and observations are completed prior to sample selection.
- All initial pool residents: advance directives and confirm specific information
- If interview not conducted: review certain care areas in record
- Confirm insulin, anticoagulant, and antipsychotic with a diagnosis of Alzheimer's or dementia, and PASARR (Pre-Admission Screening and Resident Review)

47

After your observations and interviews are completed, you will complete a limited record review for certain conditions. The intent of the limited record review is to ensure that the survey team spends the majority of its time on interview and observation.

For all residents in the initial pool, you will briefly review the record for advance directives or to confirm or clarify specific information based on your interviews and observations, such as confirming the presence of a pressure ulcer.

For any resident that you did not interview, you will review the record for certain resident characteristics since you cannot ask the resident about the area. For example, if a resident is not interviewable, you'll review the record for pressure ulcers, infections, and elopements.

For any resident in the initial pool who is receiving insulin, an anticoagulant, or an antipsychotic with a diagnosis of Alzheimer's or dementia, or if a resident has an appropriate diagnosis but is not receiving PASARR Level II services, you will review the record to confirm the information.

Limited Record Review, continued

- New admissions – broad range of high-risk medications
- Extenuating circumstances, interview staff
- Investigate further or no issue

48

Finally, for newly-admitted residents in the initial pool who do not have an MDS, you will complete a record review to identify a broad range of high-risk medications.

If there are extenuating circumstances—you cannot gain access to the electronic health records, for example—you can interview staff; however, every effort should be made to review the information in the resident's record.

The goal for the New LTC Survey Process is to have surveyors out on the floor most of the first day completing critical observations and interviews and only using the record for the situations I just described.

You will complete all resident observations, interviews, and your limited record review by the end of Day 1 or beginning of Day 2. The initial pool process takes about eight hours.

Dining – First Full Meal

- Dining – observe first full meal
  - Cover all dining rooms and room trays
  - Observe enough to adequately identify concerns
  - If feasible, observe initial pool residents with weight loss
  - If concerns identified, observe another meal

49

In addition to observing and interviewing your initial pool residents, you are also required to observe the first scheduled full meal. You will cover all dining locations and room trays. If there are more dining areas than surveyors, you'll prioritize the dining areas with the most dependent residents. You will observe enough of the dining experience to adequately identify concerns. If it is feasible, you'll observe the meal for your initial pool residents who have weight loss. If concerns are identified, a subsequent meal will be observed after the sample is selected.

Team Meetings

- Brief meeting at the end of each day
  - Workload
  - Coverage
  - Concern
  - Synchronize/share data (if needed)

50

You will have a brief team meeting at the end of each day to discuss workload, ensure residents are being covered adequately such as including at least one resident who smokes or is on transmission-based precautions in the initial pool, and discuss identified concerns.

Section IV. Sample Selection

Sample Selection

- Select sample
- Prioritize using sampling considerations:
  - Replace discharged residents selected offsite with those selected onsite
  - Can replace residents selected offsite with rationale
  - Harm, SQC if suspected, IJ if identified
  - Abuse Concern
  - Transmission based precautions
  - All MDS indicator areas if not already included

52

Once the initial pool process is finished, you will meet as a team for about an hour to select the sample. The team will be selecting the sample based on facility census. The system will help the team identify a subset of residents that should be included in the sample such as any resident who had an abuse concern. Let me explain the purpose of the sample meeting by using an example. If the facility census is 61, your sample size would be 15 residents. Let's say there are three surveyors on this survey and each surveyor included eight residents in their initial pool—this means the initial pool has 24 residents, so this meeting will decide which of those 24 residents will fill the 15 sample spots. The software will also assist the survey team in ensuring that care area concerns are represented. The sample size includes only active residents, and the closed records are in addition to the sample size.

There are sampling considerations provided to you to help with the selection process. For example, the team should include any resident who has a potential harm identified.

If an offsite resident is discharged, the team will replace the resident with a resident observed onsite. The discharged resident will be used as the closed record review, if appropriate. In addition, the team may opt to replace a resident selected offsite with a resident who had concerns identified onsite, if appropriate. During testing, we found once the sample was selected, the offsite / onsite split was about 50/50.

Sample Selection – Unnecessary Medication Review

- System selects five residents for full medication review
- Based on observation, interview, record review, and MDS
- Broad range of high-risk medications and adverse consequences
- Residents may or may not be in sample

53

The system will select five residents for an Unnecessary Medication review based on information entered by the surveyor during interviews, observations, record review, and information from the MDS.

The selection process considers all psychotropic medications, insulin, anticoagulants, opioids, diuretics and antibiotics, as well as some adverse consequences, including falls, weight loss, and sedation. There are exclusions; for example, a resident would be excluded if they had a diagnosis of Huntington's or Schizophrenia and was receiving an antipsychotic.

The residents selected for the full medication review will include insulin, an anticoagulant, and an antipsychotic with Alzheimer's or dementia, if available.

Section V. Investigation

54

Once the sample is selected and assignments are made, the remainder of the survey is spent investigating all concerns that required further investigation for sampled residents. In addition, you will be conducting facility task assignments and a few closed record reviews. I'll go over the details for each of these areas.

Resident Investigation – General Guidelines

- Conduct investigations for all concerns that warrant further investigation for sampled residents
- Continuous observations, if required
- Interview representative, if appropriate, when concerns are identified

55

Let's talk about some of the general guidelines for your resident investigations. Just like in both current processes, staff are expected to assess and provide appropriate care for residents from the day of admission. If concerns are identified with areas such as pressure ulcers and incontinence, you will complete continuous observations to adequately determine whether appropriate care and services are provided in accordance with the care plan. If a non-interviewable resident has a family member or representative who visits often, you should make an effort to interview that individual as you would interview the resident. Similar to what you do now, you'll want to observe and interview staff to determine if they consistently implement the care plan over time and across various shifts. You'll note and follow up on any deviations from the care plan as well as potential negative outcomes. Your investigation will include a review of the facility assessment to ensure the facility determines what resources are needed to care for residents competently each day and during emergencies.

Investigations

- Majority of time spent observing and interviewing with relevant review of record to complete investigation
- Use Appendix PP and critical elements (CE) pathways

56

Again, during your investigations, the majority of your time should be spent on the floor observing and interviewing the residents and staff, only using the record to corroborate what you are seeing and hearing.

You will use critical element, or CE, pathways to help guide your investigation. The pathways include guidance on the areas (e.g., MDS, physician's orders and care plan) that should be reviewed initially to help guide your observations and interviews. The pathways include observation, interview, and record review investigative probes for a number of care areas, including pressure ulcers and dialysis. All of the pathways are being updated to reflect the new rule changes. There are a number of care areas that do not have a pathway, such as dignity and personal property. If a care area does not have a pathway, you'll refer to the guidance and protocols in Appendix PP.

Once you have completed your investigation, you will make a compliance and severity decision for each CE listed for that care area. The CEs are critical components of care—they cover provision of care and services, as well as the facility assessment and care planning.

Section VI. Ongoing and Other Survey Activities

Closed Record Reviews

- Complete timely during the investigation portion of survey
- Unexpected death, hospitalization, and community discharge last 90 days
- System selected or discharged resident
- Use Appendix PP and CE pathways

58

As I mentioned earlier, the system will select the residents for the closed record reviews. For the death review, the system will select a resident who was not on hospice and died in the last 90 days. For the hospitalization review, the system will select a resident who went to the hospital and has not returned in the last 90 days. For the community discharge review, the system will select a resident who was discharged back to the community in the last 90 days.

You will either review the resident selected by the system or a discharged resident selected offsite, if applicable. If no residents were selected for one of the closed record areas, you do not have to complete that review. So, if no residents died within the past 90 days, you do not need to conduct a closed record review for death.

You can complete the closed record review any time during your investigation, but ensure you complete it early enough that you afford yourself time to investigate any issues. You will refer to the CE pathways to complete the closed record reviews. Once you are finished with your investigation, you will make a compliance and severity decision for the CEs.

Facility Task Investigations

- Complete any time during investigation
- Use facility task pathways
- CE compliance decision

59

Now let's move on to facility tasks. You will complete the facility task investigations any time during the investigative portion of the survey so they don't interfere with your initial pool observations and interviews. There is a pathway for every facility task which you will use to help guide your investigations. Once you are finished with your investigation, you will make a compliance and severity decision for the CEs that are mapped to that facility task. I'm only going to point out any unique differences in how a facility task is investigated for the New LTC Survey Process.

Dining – Subsequent Meal, if Needed

- Second meal observed if concerns noted
- Use Appendix PP and CE Pathway for Dining
- Dining task is completed outside any resident specific investigation into nutrition and/or weight loss

60

As we mentioned earlier, if concerns are identified during the first meal observation, a subsequent meal will be observed after the sample is selected.

Infection Control

- Throughout survey, all surveyors should observe for infection control
- Assigned surveyor coordinates a review of influenza and pneumococcal vaccinations
- Assigned surveyor reviews infection prevention and control, and antibiotic stewardship program

61

Throughout the survey, all team members are observing for breaks in infection control. You will still complete a review for five residents for influenza and pneumococcal vaccinations. The assigned surveyor will also complete a review of the infection prevention and control and antibiotic stewardship program. In addition, during the initial pool process and sample selection, the team must select a resident, if in the facility, who is on transmission-based precautions.

SNF Beneficiary Protection Notification Review

- A new pathway has been developed
- List of residents (home and in-facility)
- Randomly select three residents
- Facility completes new worksheet
- Review worksheet and notices

62

A new pathway was developed for the Beneficiary Notices review to make the process more user friendly. We've used the new pathway during testing and received positive feedback about the ease of use of the new pathway. During the Entrance Conference, you will ask for a list of residents who have been discharged from all Medicare Part A services. The facility will identify whether the resident went home or stayed in the facility. You will randomly select three residents from the list. The new pathway that was developed includes a worksheet that will be given to the facility to complete for the selected residents, which clearly outlines which notices were given to each resident. You'll review the completed worksheets and notices with the provider if issues are identified.

Kitchen Observation

- In addition to the brief kitchen observation upon entrance, conduct full kitchen investigation
- Follow Appendix PP and Facility Task Pathway to complete kitchen investigation

63

An initial brief kitchen tour is conducted upon arrival at the facility, with observations focused on practices that might indicate potential for foodborne illness. Additional observations are made throughout the survey process in order to gather all information needed on food preparation, storage and distribution to prevent foodborne illness to the residents.

Medication Administration

Medication Administration

- Recommend nurse or pharmacist
- Include sample residents, if opportunity presents itself
- Reconcile controlled medications if observed during medication administration
- Observe different routes, units, and shifts
- Observe 25 medication opportunities

64

We've made a few changes to the medication administration task. If the opportunity presents itself, observe medications for a sampled resident whose medication regimen is being reviewed. Otherwise, observe medications for any resident to whom the nurse is ready to administer meds. If a controlled substance is administered, you'll reconcile the count of the medication and ensure the medications passed aren't expired.

Medication Storage

Medication Storage

- Observe half of medication storage rooms and half of medication carts
- If issues, expand medication room/cart

65

We recommend the surveyor who observes the medication administration also completes the medication storage task. For medication storage, you will review half of the medication storage rooms, covering different units, which is why you asked for the information during the Entrance Conference. You'll also review half of the medication carts on units where the storage rooms were not observed. If there are no concerns with the med storage rooms or carts, the review is complete. If there are concerns, you'll expand and review more medication carts and medication storage rooms.

Resident Council Meeting

- Group interview with active members of the council
- Complete early to ensure investigation if concerns identified
- Refer to updated Pathway

66

The Resident Council interview is a group interview with active members of the Resident Council. The interview should occur early enough in the survey to afford you enough time to investigate any concerns. The questions that are asked of the residents are different from the Traditional or QIS. The interview is focused on specific areas related to the functioning of the council and a few resident specific areas, such as abuse and sufficient staffing. In addition, you can ask the group about any identified concerns from the survey.

Sufficient and Competent Nurse Staffing Review

- Is a mandatory task, refer to revised Facility Task Pathway
- Sufficient and competent staff
- Throughout the survey, consider if staffing concerns can be linked to QOL and QOC concerns

67

A review of sufficient and competent nurse staffing will be conducted on every survey. This task is required to be investigated on every survey since surveyors are always considering whether staffing issues can be linked to resident complaints, or quality of life (QOL) and care (QOC) concerns. In addition, Phase 2 of the new rule puts a lot of emphasis not only on sufficient numbers of staff, but also the competence of staff.

Environment

- Investigate specific concerns
- Eliminate redundancy with LSC
  - Disaster and Emergency Preparedness
  - O2 storage
  - Generator

68

If concerns are identified with the environment, you'll investigate just the relevant concerns that caused the task to trigger. In an effort to increase efficiency where ever we can, we have identified areas that are duplicative with life safety (LSC). For the New LTC Survey Process, you will not have to investigate disaster and emergency preparedness, oxygen storage, or the generators.

Section VII. Potential Citations

Potential Citations

- Team makes compliance determination.
  - Compliance decisions reviewed by team
  - Scope and severity (S/S)
- Conduct exit conference and relay potential areas of deficient practice

70

The final area to cover is potential citations. After individual compliance decisions are made, the team will make a compliance and S/S determination for all potential deficiencies. The meeting takes about an hour on average. Once the team has made a compliance decision for every Tag that came forward from each surveyor, you will exit the facility like you've always done.

LTC Survey Training

Basic Long Term Care Course (BLTCC) and Training Implications

- Suspension of Traditional and QIS BLTCC from July thru December 2017
- New BLTCC will be conducted starting January 2018

72

- The Basic Long Term Care Course will be suspended after June 2017. The Surveyor Minimum Qualifications Test (SMQT) will be available until November 1st, 2017. CMS is planning for the new regulations and survey process to be included in the revised SMQT that will be used after January 2018.

Training Layers

Availability of Training to Providers and the Public

73

CMS has identified multiple layers of training that will be required to successfully implement the changes for Phase 2. CMS plans to implement a training plan that involves consistent staff with defined roles and responsibilities to aide in the consistency of the national implementation.

CMS will also be making available training to providers and the public to ensure that there is consistent information about both the new survey process and revised interpretive guidance.

RO Management and Enforcement Training

High level management overview training

- Phase 2 regulations and IG
- New LTC survey process

74

- CMS has developed a specialized training for Regional Office Management and enforcement staff. This training is recorded and will be available on demand starting July 3rd 2017.
- The training will cover all areas of Phase 2 at the management level.

RO Management and Enforcement Training

Webinar opens
July 3, 2017

75

This webinar will be available on demand starting July 3rd, 2017

RO Ambassador

- First to be trained
- Will receive specialized training
- Assist in training their Regional Offices
- Plays a role in the SA trainer training as well as the SA surveyor training

76

The Regional Office Ambassador will be the first group of surveyors trained in the changes of Phase 2. This group of Subject Matter Experts will receive specialized training and defined roles and responsibilities.

One important role will be to assist in the consistent training of the Phase 2 changes with other RO surveyors as well as the state survey agencies within their particular region.

RO Ambassador, continued

- Resource for both the Regional Office and State Agencies during training and implementation
- Supports individual states and aids in trouble shooting and communication between the ROs and SAs

77

This specialized training will consist of resources, expectations, post implementation communications between central office (CO), other ROs and state survey agencies. This communication will include routine conference calls to help consistently identify and manage successes and difficulties with the implementation of Phase 2.

RO Ambassador Training

In-person Training

July 10th thru 14th, 2017

78

This training will be conducted in person the week of July 10th- July 14th, 2017

RO Surveyor

- Second group to be trained
- Supports RO Ambassadors
- Mandatory computer-based live interactive training

79

The remaining RO surveyors will be the second group to be training in regards to the Phase 2 changes. The remaining RO surveyors will have the knowledge and resources available to assist and support the RO Ambassadors as each state survey agency is trained and the Phase 2 implementation begins. This training is structured very similar to that of the state agency surveyor training.

RO Surveyor Training

Webinar Training
July 17th thru 20th, 2017

Regional Office (RO) Surveyors

80

Live remote Webinar Training
July 17th thru 20th, 2017

SA Management Training

High level management overview training

- Phase 2 regulations and IG
- New LTC survey process

81

- CMS has developed a specialized training for State Survey Agency Management. This training is recorded and will be available on demand starting July 24th 2017.
- The training will cover all areas of Phase 2 at the management level.

SA Management Training

Webinar opens
July 24, 2017

82

Webinar opens
July 24, 2017

SA Trainer

- Third group to be trained
- Resource within the SA during training and implementation
- Communication and collaboration with RO Ambassador

83

Similar to the RO Ambassador training, CMS has identified the need for a State Agency (SA) Trainer to aide in the consistency of the Phase 2 implementation. There are defined roles and responsibilities for the SA trainer. These Subject Matter Experts (SME) will received specialized training that will highlight resources and tasks to assist each state in a successful implementation of Phase 2 and the new survey process.

SA Trainer Training

In-person Training

- East Coast:
  July 31st- August 3rd
- West Coast:
  August 7th- August 10th

84

In-person Training
- East Coast: July 31st- August 3rd
- West Coast: August 7th- August 10th

SA Surveyors

- The largest group to be trained
- Mandatory computer-based live interactive training

85

The training of more than 4000 surveyors will certainly be our largest group to train on the Phase 2 changes including the New LTC Survey Process. Each Region has been assigned a date to participate in the training. There will be opportunities for make up trainings at a later date.

The training plan developed by SMEs within CMS includes the utilization of those groups of surveyors and instructors that received specialized training.

This training is mandatory for all active surveyors in each state. The training is designed to be computer-based live, remote interactive training. Each state agency will be contacted well in advanced of their scheduled training date with further details needed for a successful training.

SA Surveyors Training

Regional Office	Date
RO1 (Boston)	August 14th-18th
RO2 (NY City)	August 14th-18th

86

States within Regional Office

States within Regional Office
RO2 – NY City
August 14th-18th
Beginning at 9:00 am ET

SA Surveyors Training

Regional Office	Date
RO3 (Philadelphia)	August 21st-24th
RO4 (Atlanta)	August 28th-31st

87

States within Regional Office
RO3 - Philadelphia
August 21st-24th
9:00 am ET

States within Regional Office
RO4 - Atlanta
August 28th-31st
9:00 am ET

SA Surveyors Training

Regional Office	Date
RO5 (Chicago)	Sept 5th-8th
RO6 (Dallas)	Oct 2nd-5th

88

States within Regional Office
RO5 - Chicago
Sept 5th-8th
10:00 am ET

States within Regional Office
RO6 - Dallas
Oct 2nd-5th
10:00 am ET

SA Surveyors Training

Regional Office	Date
RO7 (Kansas City)	Sept 18th-21st
RO8 (Denver)	Sept 18th-21st

89

States within Regional Office
RO7 – Kansas City
Sept 18th-21st
11:00 am ET

States within Regional Office
RO8 - Denver
Sept 18th-21st
11:00 am ET

SA Surveyors Training

Regional Office	Date
RO9 (San Francisco)	Sept 25th-28th
RO10 (Seattle)	Sept 25th-28th

State Agency (SA) Surveyors

90

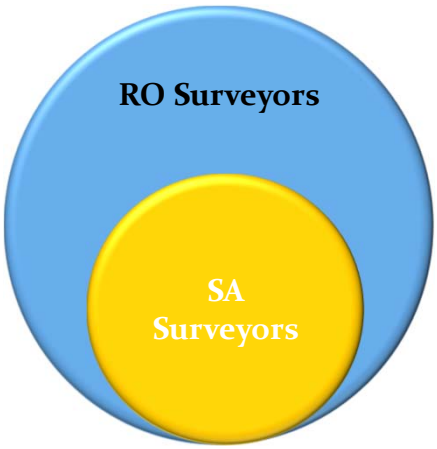
States within Regional Office
RO7 – San Francisco
Sept 18th-21st
11:00 am ET

States within Regional Office
RO8 - Seattle
Sept 18th-21st
11:00 am ET

RO & SA Surveyors Make-up Training

Regional Office and State Agency Training Make-up Dates:

- Oct. 10th – 13th
- Oct. 16th – 19th



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Regional Office and State Agency Training Makeup Dates:

1. Oct. 10th – 13th
2. Oct. 16th – 19th

Time: TBD
There will be limited seating
By prior approval

RO & SA - IT and Software Training

- ASPEN Coordinators/IT Support - August/September 2017, Longmont, CO
- Computer-Based Training Modules to be available on-demand

Available Training for Providers and the Public

- National Calls and Q&As – Summer/Fall 2017
- Access to Surveyor Training Materials (RO/SA management webinar)
- Videos on Highlights of the Interpretive Guidance
- Training Tools access to Survey Forms and CE Pathways

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CMS will also be having National Calls for providers and the public. We will also make several other trainings available to providers and the public, including efforts such as:

- Access to the on demand webinars for the CMS Regional Offices and State Agency management,
- Videos that highlight key components of the interpretive guidance, and
- Training Tools that will provide copies of the materials to be completed by the facility during the survey, survey forms, and copies of the critical element Pathway.

Survey Agency Preparation

Survey Agency Preparation

- Spread the word about changes
- Know the implementation dates
- Have a state plan for readiness and implementation
- Budget for increased training needs
- Review hardware requirements and options
- Know your state training dates

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Now is the time to prepare for the training and implementation of Phase 2! Mark your calendars and start planning today!

1. Spread the word about changes
2. Know the implementation dates
3. Have a state plan for readiness and implementation.
4. Budget for increased training needs
5. Review hardware requirements and options
6. Know your state training dates

Survey Agency Preparation, continued

- Review level of IT support for your State Survey Agency
- Check and validate network accessibility, security protocols, and/or any firewall issues.
- Assess surveyor computer skills

Start generalized computer training now!

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As part of your survey agency preparation for the training and implementation of Phase 2 you should carefully review the level of technical support available to field staff (surveyors). You should also assess the level of computer skills within the survey agency. Now is the time to start that generalized computer based training!

While not mandatory, onsite IT support could be very helpful during training and initial implementation.

Survey Agency Preparation, continued

- Implementation of survey process on national level November 28, 2017
- Phase 2 of LTC regulations required for implementation November 2017
- New CMS approved Basic LTC training material will be released in January 2018
- States may need to revise their State Agency training program
- CMS will continue open communication with Association of Health Facility Survey Agencies (AHFSA) to promote successful implementation

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CMS is planning for a national implementation of the all areas of Phase 2 for November 28th, 2017.

1. New LTC survey process
2. New Regulations
3. Revised Interpretive Guidance
4. Renumbering of F tags

New CMS approved training material will be made available to survey agencies. In an effort to strive towards a successful implementation CMS will continue to communicate and work with AHFSA.

Survey Agency Preparation, continued

Identify:

- Leadership roles within your State
- Point of communication between RO/SA/CO
- Training needs within your State
- Policy creation for State-specific areas

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Now is the time to identify those key roles within your survey agency to ensure a successful implementation of Phase 2.

Identify:

- Leadership roles within your State
    - Identify subject matter experts and meet on routine basis
- Point of communication between RO/SA/CO
    - Identify staff that will be responsible to receive and provide important information as it develops in regards the implementation
- Training needs within your State
    - It is very likely the training needs of your survey agency will change. Now is the time to assess and make those changes.
- Policy creation for State-specific areas to ensure the safety of surveyors and security of computer
    - If your survey agency does not routinely care hardware in the field (i.e., laptops/tablets) you may want to look at the current policy to ensure the safety of sensitive personal information of staff and our beneficiaries

Survey Agency Preparation, continued

Communication and Collaboration are Key!

99

Communication and Collaboration are Key!

Additional Information

Submit all questions about the new survey process to
NH Survey Development mailbox: NHSurveyDevelopment@cms.hhs.gov

Information about the survey process and implementation can be found at:

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html

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