



Center for Clinical Standards and Quality/Survey & Certification Group

Admin Info: 16-32-NH

DATE: September 08, 2016

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Planning for New Long-Term Care (LTC) Survey Process Implementation

Memorandum Summary

- **Implementation of New Requirements and a Survey Process:** The Centers for Medicare & Medicaid Services (CMS) has indicated its intent to release a final rule updating the Nursing Home Requirements for Participation in September 2016. CMS is also planning to implement the new LTC survey process in November 2017. This memorandum discusses the implications of these changes to assist States in their planning and budgeting.
- **Budget Implications:** States will need to set aside money for technology, training, and training documentation as a result of implementing the new survey process.
- **Training Implications:** States will need to plan for large scale training activities. States will need to plan ahead for surveyors to attend a Basic LTC Course (BLTCC), because BLTCC will be suspended for a period of time.
- **Technology Implications:** In response to inquiries from State Agencies (SAs), this memorandum also includes a list of survey process minimum required technology requirements. This will assist SAs in successful implementation of the updated survey process, and participation in trainings.

Background

In July 2015, CMS issued a Notice of Proposed Rule Making that would provide a comprehensive update to the nursing home Requirements for Participation. CMS received extensive public comments and has estimated that a final rule will be released in September 2016. Though the estimated release date can change, for planning purposes, we are using the date published on the web site

<http://www.reginfo.gov/public/do/eAgendaViewRule?pubId=201604&RIN=0938-AR61> . Our Phase 1 described below is estimated as November 1, 2016 because the public is generally afforded 60 to 90 days before a regulation becomes effective.

We expect that these changes will require re-numbering of the current coding system of F-Tags. We also expect that there will be a phased implementation of the new regulations.

In May of 2015, CMS issued policy memorandum S&C: 15-40-NH which provided summaries of the Traditional and Quality Indicator Survey (QIS) Findings and Issues. CMS then conducted research and communicated with stakeholders to develop a revised survey process to ensure nursing homes are complying with the federal requirements for participation and are providing quality care that ensures the safety of residents and enables them to meet their highest practicable well-being. CMS is now testing a new computer-based survey process that incorporates promising aspects of both Traditional and QIS processes.

Implementing a new regulation set with new tag numbers and implementing a new survey process will require significant preparation across all stakeholders. The new regulation set and computer based survey process will require additional training of existing surveyors, changes to training materials for new surveyors, the purchase of tablets for some States, and review of State IT support. We ask States to review their readiness for these changes keeping training and hardware implications in mind. Additional information is provided in the Attachments.

Attachment A discusses implications for Training, and **Attachment B** discusses technology implications. The Table below describes the generally expected timelines.

Implementation Timelines

<u>Estimated Date</u>	<u>Type of Change</u>	<u>Details of Change</u>
Phase 1: November 1, 2016	Regulation changes with current F tag numbering	Training on newly effective regulatory language and direction on how to apply.
Phase 2: November 1, 2017	F tag renumbering and new survey process	Implement new survey process that combines QIS and Traditional surveys along with the introduction of new F tag re-numbering.

Other Considerations: There are other costs and considerations that are not discussed in the Attachments. For example, CMS is aware that onsite survey time is a significant consideration for States. We cannot predict the impact of the survey process changes on onsite time, but we will be monitoring it closely. It is expected that surveyors will also experience a learning curve with the revised survey process. CMS also recognizes that training of enforcement staff and providers on regulations and the revised survey process are important components of any roll-out. We also understand that States may have concerns about meeting their State Performance Standards and will be having additional discussions with stakeholders regarding this. More details will be released as they become available.

Contact: We understand that the proposed changes will have significant impact on States and Regions. Any feedback and questions you may have can be sent to NHSurveyDevelopment@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/
David R. Wright

Attachment A: Training Implications

Attachment B: Technology Implications

cc: Survey and Certification Regional Office Management