



POLARIS PULSE

A Bi-monthly Informational Bulletin Brought To You By Polaris Group

Revisions to the State Operations Manual for Long Term Care

Revisions to several sections of The State Operations Manual, Appendix PP Guidance to Surveyors for Long Term Care Facilities were implemented on October 14, 2005. The changes include adding new regulatory language, correcting errors (such as missing text), and moving regulatory language. The changes were implemented on October 14, 2005.

Below is a summary of the revisions. New regulatory language is identified by italics.

1. Tag F172 – Access and Visitation Rights – The following text “The residents cannot refuse to see surveyors” was corrected to *“The facility cannot refuse to permit residents to talk with surveyors”*.
2. Personal Property – Moved Regulatory Language and guidance from Tag F252 (Quality of Life) to §483.10 – (Resident Rights) between Tag F174 – Telephone and Tag F 175 – Married Couples. A new Tag number was not assigned to Personal Property. The regulatory language did not change.
3. Tag F223 – Abuse Interpretive Guidelines – New paragraph added
“Properly trained staff should be able to respond appropriately to resident behavior. The CMS does not consider striking a combative resident an appropriate response in any situation. Retaliation by staff is abuse and should be cited as such.”
4. Tag F226 – Corrected typographical error. Erroneous regulator number (1) was deleted from §483.13(c)(2), §483.13(c)(3) and §483.13(c)(4).
5. Tag F225 – New language was added in the Interpretive Guidelines:
“Injuries of unknown source” – An injury should be classified as an “injury of unknown source” when both of the following conditions are met:

The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and

The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.

“Immediately” means as soon as possible, but ought not exceed 24 hours after discovery of the incident, in the absence of a shorter State time frame requirement. Conformance with this definition requires that each State has a means to collect reports, even on off-duty hours (e.g., answering machine, voice mail, fax).

*The phrase “in accordance with State law” modifies the word “officials” only. As such, State law may stipulate that alleged violations and the results of the investigations be reported to additional State officials beyond those specified in Federal regulations. This phrase does not modify what **types** of alleged violations must be reported or the time frames in which the reports are to be made. As such, States may not eliminate the obligation for any of the alleged violations (i.e., mistreatment, neglect, abuse, injuries of unknown source, and misappropriation of resident property) to be reported, not can the State establish longer time frames for reporting than mandated in the regulations at §§483.13(c)(2) and (4). No State can override the obligation of the nursing home to fulfill the requirements under §483.13(c), so long as the Medicare/Medicaid certification is in place.*

6. Tag F315 – Urinary Incontinence – Text addressing wounds and comprehensive assessment that was erroneously placed under F315 was deleted.

For more information, please contact your Polaris Group representative.

7. Tag F329 – Unnecessary Drugs – Missing language restored in the Interpretive Guidelines
 The goal of these regulations is also to **prevent** the use of psychopharmacological drugs when the “behavioral symptom” is caused by conditions such as: (1) *environmental stressors (e.g., excessive heat, noise, overcrowding)*; (2) *psychosocial stressors (e.g., abuse, taunting, not following a resident’s customary daily routine)*; or (3) *treatable medical conditions (e.g., heart disease, diabetes, Chronic Obstructive Pulmonary Disease)*. Behavioral symptoms resulting from these causes should not be “covered up” with sedating drugs.
8. Tag F429 – The first paragraph that refers to the now defunct Appendix N was deleted.
9. Tag F454 – Life Safety from Fire - Regulatory language was revised and new portions were added based on 2004 and 2005 changes including, but not limited to:
- §483.70(a)(4) *Beginning March 13, 2006, a long-term care facility must be in compliance with Chapter 19.2.9, Emergency Lighting.*
 - §483.70(a)(5) *Beginning March 13, 2006, Chapter 19.3.6.3.2, exception number 2 does not apply to long-term care facilities.*
 - §483.70(a)(6) *Notwithstanding any provisions of the 2000 edition of the Life Safety Code to the contrary, a long-term care facility may install alcohol-based hand rub dispensers in its facility if –*
 - §483.70(a)(6)(i) *Use of alcohol-based hand rub dispensers does not conflict with any State or local codes that prohibit or otherwise restrict the placement of alcohol-based hand rub dispensers in health care facilities;*
 - §483.70(a)(6)(ii) *The dispensers are installed in a manner that minimizes leaks and spills that could lead to falls;*
 - §483.70(a)(6)(iii) *The dispensers are installed in a manner that adequately protects against access by vulnerable populations; and*
 - §483.70(a)(6)(iv) *The dispensers are installed in accordance with chapter 18.3.2.7 or chapter 19.3.2.7 of the 2000 edition of the Life Safety Code, as amended by NFPA Temporary Interim Amendment 00-1(101), issued by the Standards Council of the National Fire Protection Association on April 15, 2004.*
- §483.70(a)(7) *A long-term care facility must:*
- §483.70(a)(7)(i) *Install battery-operated smoke detectors in resident sleeping rooms and public areas by May 24, 2006.*
 - §483.70(a)(7)(ii) *Have a program for testing, maintenance, and battery replacement to insure the reliability of the smoke detectors*
- §483.70(a)(9)(iii) *Exception:*
- §483.70(a)(7)(iii)(A) *The facility has a hard-wired AC smoke detection system in patient rooms and public areas that installed, tested, and maintained in accordance with NFPA 72, National Fire Alarm Code, for hard-wired AC systems; or*
 - §483.70(a)(7)(iii)(B) *The facility has a sprinkler system throughout that is installed, tested, and maintained in accordance with NFPA 13, Automatic Sprinklers.*
10. Space and Equipment – Regulatory language and guidance was moved from Tag F246 (Quality of Life) to §483.70 (Physical Environment). The regulatory language did not change. A new Tag number was not assigned.
11. Tags F464 – 466 – Regulatory language was moved among these tags to correct errors in placement of text. The regulatory language did not change.

**Quality Indicator Survey (QIS)
 Demonstration Project**

The QIS is a revised long-term care survey process designed with the intent of providing a staged process for surveyors to systematically and objectively review all regulatory areas and subsequently focus on selected areas for further review. The demonstration and evaluation of the QIS will be conducted in five states: California, Connecticut, Kansas, Louisiana, and Ohio. Although the Demonstration states will utilize the QIS for selected facilities, most facilities will continue to be surveyed using the current survey process, now referred to as the traditional survey by CMS (Centers for Medicare & Medicaid Services).

Unlike the traditional survey process, the QIS does not require surveyors to review the Quality Measure / Indicator (QM/QI) and OSCAR 4 reports or pre-select potential residents for review prior to the survey. MDS data will be requested and loaded offsite into surveyors’ computers and used to calculate the MDS-based Quality of Care Indicators (QCIs). This data will create the resident pool from which samples will be randomly selected.

The QIS Demonstration is expected to provide CMS the opportunity to further refine and improve upon the QIS process before determining whether to proceed

For more information, please contact your Polaris Group representative.

with national implementation. Surveyor training occurred in September for Connecticut, Kansas and Ohio. California and Ohio surveyor training is scheduled for February 2006. Watch for more information on the Quality Indicator Survey process in upcoming editions of the Polaris Pulse.

**Fiscal Year 2006 RUG Refinement
Are You READY? Do You KNOW?**

CMS will help with the transition from RUG 44 to RUG 53 by including the RUG categories on the MDS Validation Reports for assessments with an Assessment Reference Date (ARD) between November 22, 2005 and January 13, 2006. This will allow software vendors to maintain a single RUG category throughout the transition period while providing the facility with needed billing information.

The RUG achieved will only be as accurate as the data entered on the MDS. Now, perhaps more than ever, MDS coding accuracy is critical to your Medicare Reimbursement.

DO YOU KNOW??? Are Activities of Daily Living (ADLs) coded accurately? — A resident with therapy and extensive services coded, but with an ADL score below 7 will not qualify for one of the new RUG levels. Are the Hospital Look Back items coded accurately on the 5 and 14-day MDS? IVs have a look back period of 7 days, but IV medications look back for 14 days. Was the KCL the resident received in the IV prior to hospital discharge coded in section P? Inaccurate MDS coding will result in lower per diem rates!! What about Assessment Reference Date case management? Is it on target, or is refinement needed? Do you KNOW?

Polaris Group can help you KNOW that you are ready for FY 2006 RUG Refinements. Contact us at 800-275-6252 to learn more.

SOLUTION CENTER Q&A

“Where No Question Goes Unanswered”

Q: When coding MDS Section K6 related to tube feedings, is the entire tube feeding volume (75cc/ hour, for example) included?

A: Section K6 coding should include the free water contained in the tube feeding formula plus any water flushes provided. The entire tube feeding volume is not included. The free water information is generally found in the Dietician’s notes, but may also be obtained from the formula product label.

TELECONFERENCE TRAININGS

Polaris Group is pleased to present the following *CEU approved* teleconference trainings

Live Teleconference Trainings

<u>Topic</u>	<u>Date</u>
Medicare Part A Essentials	11/1
Medicare Skilled Nursing Documentation	11/3
SNF Denial Notice Requirements	11/8
ARD Management and the New RUGs	11/10
Medicare Utilization	11/15
How the 75% Rule Impacts your SNF	11/17
Super Supervisor	12/6
ARD Management for New RUGs	12/8
Fall Management	12/13
Right Coding Sections K, P, and T	12/15
Pulling it all together-Your QA Program	12/20
Sections I, J, O, and W	12/22

*Please join us in our Teleconferences .
For further information regarding these seminars, please contact the Seminar Department at:
800-275-6252 ext. 233*



POLARIS GROUP™
Strategic solutions for health care

POLARIS PULSE is a bi-monthly, informational newsletter distributed to **POLARIS GROUP** clients. For further information regarding services or information contained in this publication, please contact **POLARIS GROUP** corporate headquarters at 800-275-6252.

Contributors:

Gayle Atherton
Katharine MacAlister
Victor Kintz
Marty Pachciarz

Editor:

Chuck Cave

Production Manager

Cindy Hernandez

For more information, please contact your Polaris Group representative.