

Long-Term Care Survey Alert

Industry Notes

Medicare Finalizes SNF-Hospice Written Agreement Requirement

Home health agencies and hospices are required to have a written agreement when they enter into relationships with nursing homes. In the June 27 Federal Register, the **Centers for Medicare & Medicaid Services** published a rule requiring "that long-term care (LTC) facilities ... that choose to arrange for the provision of hospice care through an agreement with one or more Medicare-certified hospice providers will have in place a written agreement with the hospice that specifies the roles and responsibilities of each entity."

Be prepared: "Facilities could begin review of their written agreements with hospices to ensure that they comply with the new requirements or have questions regarding the written agreements," expects the **National Association for Home Care & Hospice**.

One change: When CMS first proposed the requirement, "a few commenters stated that hospice providers should be notified of any transfer of a resident receiving hospice services, regardless of whether it was related to the terminal illness or not," the agency says in the notice. "We agree with the commenters and have revised the regulation ... to remove the phrase 'that is not related to the terminal condition' in order to clarify that the LTC facility immediately notifies the hospice regarding a need to transfer the resident from the facility for any condition."

The rule is online at www.gpo.gov/fdsys/pkg/FR-2013-06-27/pdf/2013-15313.pdf.

CMS Wants You To Change The Way You Medicate Dementia Patients

If you haven't already made certain changes to your dementia care, you'd better act soon ☐ or you're going to be in hot water with surveyors.

The **Centers for Medicare & Medicaid Services** (CMS) issued a Survey and Certification Letter that revises Appendices P and PP in the State Operations Manual (SOM) for Nursing Facilities. Specifically, the revisions affect F309-Quality of Care and F329-Unnecessary Drugs regarding care of persons with dementia.

"According to CMS, the revised guidance highlights and reemphasizes many of the dementia-care elements and key principles already required under current regulations, including person-centered care, quality and quantity of staff, and critical thinking related to the use of antipsychotic medications," **Evvie Munley**, Senior Health Policy Analyst for Washington, D.C.-based Leading Age, said in a June 3 announcement.

CMS also made changes to the survey resident sampling process, "intended to ensure the sample includes an adequate number of residents with dementia who are receiving an antipsychotic medication," Munley noted. You can read Leading Age's analysis of the SOM changes at www.leadingage.org/CMS_Clarifies_Guidance_for_Care_of_Persons_with_Dementia.aspx.

Resources: To view the May 24 Survey and Certification Letter, go to www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-35.pdf. And you can view the "Surveyor Checklist for Review of Care and Services for a Resident with Dementia" on the CMS Surveyor Training website at surveyortraining.cms.hhs.gov/index.aspx.

Check Out These Changes To State RAI & MDS Automation Coordinator Lists

The **Centers for Medicare & Medicaid Services** (CMS) recently posted two key documents on its website — one of which could change the contact information for your state RAI coordinator.

On July 3, CMS announced an update of the RAI Manual's Appendix B. This section contains changes in the list of state RAI coordinators, as well as MDS automation coordinators. You can access the updated Appendix B at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS30Aappendix_B.pdf.