

MDS Alert

Regulations: 5 Crucial Facts You Need To Understand About The Baseline Care Plan

Know when you can get away with having just the comprehensive care plan.

Are you ready to develop and implement a baseline care plan within 48 hours of a resident's admission to your facility? If not, don't panic ☐ here's what you need to do between now and the compliance deadline to prepare.

The **Centers for Medicare & Medicaid Services** (CMS) recently published sweeping long-term care regulations, which include important requirements focused on person-centered care (see "Comply With New Resident Assessment & Care Plan Requirements," MDS Alert, Vol. 14, No. 11, page 121). And in Phase 2 of the Nursing Home Requirements of Participation (RoPs), you'll need to comply with a whole host of new mandates by the Nov. 28, 2017 implementation date.

1. What's Behind the New Requirements?

The final rule added §483.21 Comprehensive Person-Centered Care Planning, which is a new section that updates the care plan and discharge planning requirements. The main provision in the new section is the requirement that facilities develop and implement a "baseline care plan" for each resident, in addition to the comprehensive care plan.

Significance: "The newly revised care-planning requirements have defined for us what we, as an industry, should be including in this baseline care plan," says **Linda Elizaitis, Rn, RaC-Ct, Bs**, President of **CMSCompliance Group Inc.** in Melville, N.Y. "And it is a sensible approach to addressing issues of concern such as avoidable re-hospitalizations and a safe transition from the hospital to the nursing home setting."

The baseline care plan requirement prompts clinical staff to more carefully study the documentation that comes with the resident at admission. This is important because the SOM has a clear directive that the baseline care plan needs to include "instructions needed to provide effective and person-centered care of the resident that meets professional standards of quality care."

2. Establish the Plan Within 48 Hours

Challenge: The tough part of the new baseline care plan requirement is the mandate that you develop and implement the plan within 48 hours of a resident's admission to your facility.

"Historically, while some facilities may have had a system in place where the staff developed an interim care plan at the time of a resident's admission, it was more of a 'bare bones' plan of care," Elizaitis notes. "And most likely, the resident and representative were not provided with a summary of this plan."

3. Add These Staffers to the Team

CMS also expanded the required members of the interdisciplinary team (IDT) to include a nurse aide and a member of the food and nutrition services staff, according to a recent report by attorneys **Lauren Moldawer** and **Cassandra Paolillo** with the law firm **Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.** The IDT is responsible for developing the comprehensive care plan.

4. Include These Elements in the Plan

To comply with these new requirements, your care-planning systems and responsibilities may need to change. After all,

the items included in the baseline care plan address concerns typically found in the comprehensive care plan after the MDS and CAAs are completed □ not within 48 hours.

"The clinical staff is going to have to really look at the paperwork that accompanies the resident at the time of admission and the admission orders, and use this information as well as information obtained from the resident and/or resident representative to develop and implement the baseline care plan," Elizaitis instructs.

At a minimum, the baseline care plan must include:

- The resident's initial goals based on the admission orders;
- The physician orders;
- Dietary orders;
- Therapy services;
- Social services; and
- Preadmission Screening and Resident Review (PASRR) recommendations, if applicable.

The baseline care plan should include the resident's initial goals, medication regimen, dietary instructions, services and treatments your facility will administer/provide, and the personnel acting on the facility's behalf. Additionally, the plan must address how you'll update information on the comprehensive care plan and provide it when indicated.

Important: Then, you must provide the resident and his representative with a summary of the baseline care plan, according to Elizaitis. Your facility must develop a plan of how you'll provide this information to the resident and representative.

5. When You Don't Need to Create a Baseline Care Plan

Caveat: You do have the option of developing a comprehensive care plan in place of the baseline care plan. The catch is that you need to follow the same time line □ you must develop the comprehensive care plan within 48 hours of admission, Elizaitis says.

The decision to forgo implementing a baseline care plan and instead move up the development and implementation of the comprehensive care plan is one that you cannot take lightly. This decision "should warrant discussion in every long-term care facility, as numerous factors come into play, including, for example, residents who enter a facility for short-term rehab and do not stay for even 14 days," Elizaitis notes.

Resource: To access the revisions to the RoPs, visit <https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-23503.pdf>. A CMS fact sheet on the regulations is also available at www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-09-28.html.