

MDS Alert

Regulations: Comply With New Resident Assessment & Care Plan Requirements

Focus on person-centered nature of resident assessment for success with new regs.

Heads up: Your compliance deadline for Phase 1 of the new Nursing Home Requirements of Participation (RoPs) is looming, and you have a lot of work to do by the Nov. 28 effective date. And among the Phase 1 provisions are important requirements for resident assessments and comprehensive resident-centered care plans.

On Oct. 4, the **Centers for Medicare & Medicaid services** (CMS) published the sweeping final rule entitled, "Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities" (see "Brace Yourself for Game-Changing LTC Reform Final Rule," MDS Alert Vol. 14, No. 10, page 116). The rule is available at www.gpo.gov/fdsys/pkg/FR-2016-10-04/pdf/2016-23503.pdf.

Although the overall effective date of the regulations is Nov. 28, 2016, CMS is implementing the final rule in three phases:

- Phase 1 implementation deadline is Nov. 28, 2016;
- Phase 2 implementation deadline is Nov. 28, 2017; and
- Phase 3 implementation deadline is Nov. 28, 2019.

Clearly, the most urgent components of the new regulations are those contained in Phase 1, which include important provisions for resident assessment and comprehensive care plans.

What to Expect in These Sections

The revisions to §483.20 "Resident Assessment" revises language and moves the language on care plans and discharge planning to §483.21, the new section for "Comprehensive Resident Centered Care Plans."

According to the revised section, resident assessment must also include the resident's strengths, goals, life history and preferences — not just their needs, according to an Oct. 19 Phase 1 summary memo by Washington, D.C.-based **Leading Age** www.leadingage.org/uploadedFiles/Content/Members/Provider_Types/Nursing_Homes/Nursing_Home_Rules_and_Regulations/LeadingAge_RoPs_Phase_I_Requirements_Summary.pdf.

You should also note the specific Pre-Admission Screening and Resident Review (PASRR) requirements for mental health referrals.

Important: All of the changes in the Resident Assessment section are applicable to Phase 1. Most of the new §483.21 on comprehensive care plans is also included in Phase 1, except for the baseline care plan requirement, which will become effective in Phase 2, and the inclusion of trauma-informed care, which will follow in Phase 3, Leading Age stated.

For §483.21, Phase 1 includes the requirement to include specialized services based on the PASRR recommendations, as well as the expansion of the interdisciplinary team (IDT) and expanded documentation for discharge planning, Leading Age noted.

Use a 2-Step Compliance Strategy

Best bet: To comply with the requirements of the Resident Assessment section §483.20 in Phase 1, you will need to take two key actions, says **Linda elizaitis, Rn, RaC-CT, BS**, President of **CMs Compliance Group inc.** in Melville, N.Y.

First, you will need to provide evidence that the resident has been involved in completing the MDS 3.0, because "the resident and/or his representative is considered an important part of the assessment process."

"Ensure that the IDT obtains accurate data related to the resident's needs, strengths, goals, life history and preferences," Elizaitis advises. "This is an understandable requirement, because how can we develop a person-centered care plan without such information?"

Second, you need to review and update your procedures to reflect that assessments must include information on the above-mentioned issues, Elizaitis continues. "Too often a system is changed and these changes are not reflected in policy."

Make Sure Shared Info Impacts Care Plans

What's more: You also need to ensure that you coordinate information (including recommendations from the PASRR Level II determination) from the PASRR evaluation report into the MDS assessment as well as in developing the resident's individualized care plan. You should have a plan for how you'll share this information during future care transitions.

"This may be a challenge, as some facilities continue to have trouble obtaining a SCREEN from the transferring facility, yet alone an accurate or complete one," Elizaitis laments. "Couple this with meeting the requirements for referrals for Level IIs for certain resident populations, such as those with serious mental disorders or intellectual difficulties, and then putting in a system for these residents to have a new Level II completed at the time of needed significant change MDS assessment."

Also, your policy and procedures for these activities should include a comprehensive policy that clearly defines staff responsibilities.

Resident Assessment is in the Feds' Crosshairs

In a recent S&C memo, CMS reiterated the purpose of the resident assessment and the MDS 3.0 ☐ to provide the clinical basis for individualized care planning and for the delivery of person-centered care (www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-16-26.pdf).

Bottom line: Although CMS noted in the memo the other ways the MDS is used, "the emphasis for providers should be on the individualized person-centered purpose of the resident assessment going forward to be successful with the new RoPs," Elizaitis stresses.