Phase 1 Implementation of New Long-Term Care Regulations

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LTC Regulation Revisions

The finalized provisions reflect

1. Advances in the theory
2. Practice of service delivery
3. Safety
4. Implement sections of the Affordable Care Act (ACA)
These requirements have not been comprehensively updated since 1991, despite significant changes in the industry.

The proposed rule received over 9,800 public comments, resulting in a number of revisions to the proposed requirements.
Improvement

• Improve Key Areas of our Beneficiaries’ Life
  – Quality of life
  – Health care
  – Services
  – Patient safety
Why Changes Have Been Made

- Substantial changes in the service and delivery of care
- Significant innovations in resident care
- Quality assessment practices
- More diverse residents
- Clinically complex residents
Themes of the Final Rule

- Person-Centered Care
- Quality
- Facility Assessment and Competency-Based Approach
- Competency of Staff
- Resident Rights
- Infection Control
- Strengthened transfer/ discharge protections
- Alignment with Current HHS Initiatives
- Comprehensive Review and Modernization
- Implementation of Legislation
Person-Centered Care

Residents and Representatives: Informed, Involved and In Control.

- Existing protections maintained
- Choices
- Care & Discharge Planning

Person centered care - “Focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.”
Quality of Care and Quality of Life – overarching principles for every service.

Quality of Care and Quality of Life
- Additional special care issues: restraints, pain management, bowel incontinence, dialysis services, and trauma-informed care.

Quality Assurance and Performance Improvement
- Based on the pilot.
Facility Assessment and Competency-Based Approach

Facilities need to know themselves, their staff, and their residents.

- Not a one-size fits all approach.
- Accounts and allows for diversity in populations and facilities.
- Focus on each resident achieving their highest practicable physical, mental, and psychosocial well-being.
Align with Current HHS Initiatives

**Advancing cross-cutting priorities.**

- Reducing unnecessary hospital readmissions,
- Reducing the incidences of healthcare-acquired infections,
- Improving behavioral healthcare, and
- Safeguarding nursing home residents from the use of unnecessary psychotropic (antipsychotic) medications.
Comprehensive Review and Modernization

*Bringing it into the twenty-first century.*

- Reorganized
- Updated
- Consistent with current health and safety knowledge
Regulation will be implemented in 3 phases.

- **Phase 1**: Existing requirements that are relatively straightforward to implement and require minor changes to survey process *(November 28, 2016)*
- **Phase 2**: All Phase 1 requirements and those providers need more time to develop, foundational elements, and a new survey process to assess compliance *(November 28, 2017)*
- **Phase 3**: All Phase 1 and 2 components and requirements that need more time to implement (personnel hiring and training, implementation of systems approaches to quality) *(November 28, 2019)*
How Are We Going to Do This?
## Implementation Timeline

<table>
<thead>
<tr>
<th>Phase</th>
<th>Timeframe</th>
<th>Description</th>
<th>Training/ ASPEN</th>
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| 1     | 11/28/16  | • Unchanged requirements  
• Minor modifications to requirements | • New regulatory language in ASPEN                   |
| 2     | 11/28/17  | • All Phase 1 Requirements  
• New requirements and those provisions that required more complex revisions.  
• Changes to survey process, guidance, and tags | • New F-tags  
• Interpretive Guidance Changes |
| 3     | 11/28/19  | • All Phase 1 and Phase 2 Requirements  
• All remaining requirements not implemented in Phases 1 and 2 | • New Basic LTC Course (Jan 2018) |