New CMS Regulatory LTC Requirements for Food/Nutrition and Dining

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Objectives

- Understand the key changes in the new LTC Survey Requirements for Participation and Time-Lines for Implementation.
- Describe the focus components for Food and Nutrition Services.
- Maneuver through the regulatory maze of compliance and be a driver for success.



Medicare and Medicaid Programs: Reform of Requirements for Long-Term Facilities CMS Final Rule Background Summary

- Last comprehensive review and update was 1991. Since that time substantial changes have occurred:
 - Significant innovations in resident care and quality assessment practices; evidencebased research
 - LTC facilities have changes: ↑clinically complex; and more diverse
 - Knowledge of safety, outcomes, individual choice, and QAPI
 - Federal Register on 10/04/2016 is available online at :

 $https://federal register.gov/d/2016-23503,\ and\ on\ FD sys.gov$



Implementation Dates

- Phase I: November 2016:
- New Regulatory Language
- Phase II: November 2017:
 - New F Tag Numbers
 - Interpretive Guidance (IG) to Surveyors
 - New survey process starts
- Phase III: November 2019



Requirements of Participation (RoP) Sections with Changes

- Basis & Scope (§483.1) • Definitions (§483.5) • Resident Rights (§483.10) • Abuse & neglect, (§483.12) • Admission, transfer, and discharge rights (§483.15)
- Resident assessment (§483.20) Comprehensive person centered Care planning (§483.21)
- Quality of life (§483.24) Quality of care §483.25) Physician services (§483.30) Nursing services (§483.35)
- Behavioral health services (§483.40)
- Pharmacy services (§483.45)
- · Laboratory, radiology, and other diagnostic services (§483.50)
- Dental services (§483.55)
- Food & nutrition services (§483.60) (Formerly "Dietary Services"
- Specialized rehabilitative services (§483.65)
- Administration (§483.70)
- Quality assurance and performance improvement (§483.75)
- Infection control (§483.80)
- Compliance and ethics (§483.85)
- Physical environment (§483.90)
- Training requirements (§483.95)



Requirements of Participation (RoP) New Definitions

- "abuse"
- "adverse event"
- · "exploitation"
- "misappropriation of resident property"
- "mistreatment"
- "neglect"
- · "person-centered care"
- · "resident representative"
- "sexual abuse"



Final Rule Focus Areas:

- Person-Centered Care
- Staffing and Competency
- Quality of Care and Quality of Life
- Changing Patient Population
- Adverse Events
- Increased monitoring of facility, staff and residents



Final Rule and New Survey Process

- Merges Quality Indicator Survey with Traditional Survey
- Incorporates new Requirements of Participation
- Effective in November 2017.



Final Rule Contents

I. Background

II. Provisions of the Proposed Regulations and Responses to Public Comments

- Most of the document- 130 pages
- III. Provisions of the Final Regulations

IV Long-Term Care Facilities Crosswalk

V. Collection of Information Requirements

Vi. Regulatory Impacts

• List of Subjects



§483.60 Food and nutrition services.	This section will be implemented in Phase 1 with the following exceptions: • (a) As linked to Facility Assessment at \$485.70(c) — Implemented in Phase 2. Implemented in Phase 3. Implemented with nation at effective date.—But in implementation date of 5 years following effective date of the first nation. • (a) (2)(2)(2)(2)(2)(2)(2)(2)(2)(3)(3)(3)(3)(3)(4)(3)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)
	(a)(2)(i) Dicitizans designated to after the date of the final rule. (a)(2)(i) Dicitizans designated to after the effective date—Built in implementation date of 1 year following the effective date of the final rule.



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§483.21 Comprehensive person- centered care planning

- Provides specific information that must be included in the comprehensive care plan
- Plan must be developed within 7 days after completion of the comprehensive assessment
- Requires the following be included in IDT preparing plan
- Nurse aide with responsibility for the resident
- · Member of food and nutrition services staff
- If participation of resident and representative in development of plan not practicable, explanation must be in resident's medical record



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§483.30 Physician Services

Allows attending physicians to delegate dietary orders to qualified dietitians or other clinically qualified nutrition professionals and therapy orders to therapists.



§483.60 Food and Nutrition Services

- The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident.
- (a) Staffing. The facility must employ sufficient staff
 with the appropriate competencies and skills sets to
 carry out the functions of the food and nutrition service
 taking into consideration resident assessments,
 individual plans of care and the number, acuity and
 diagnoses of the facility's resident population in
 accordance with the facility assessment required at
 §483.70(e).
- (1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis.

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§483.60(a)(2) Food and Nutrition Services

- (2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services who—
- (i) For designations prior to November 28, 2016, meets the following requirements no later than 5 years after November 28, 2016, or
 - no later than 1 year after November 28, 2016 for designations after November 28, 2016 is:



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§483.60(a)(2) Food and Nutrition Services

(continued) is:

- · (A) A certified dietary manager; or
- (B) A certified food service manager, or
- (C) Has similar national certification for food service management and safety from a national certifying body; or
- (D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; and
- (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and
- (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional.



§483.60(a)(2) Food and Nutrition Services

- Support Staff
 - The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.





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§483.60(a)(3) Food and Nutrition Services

• (b) A member of the Food and Nutrition Services staff must participate on the interdisciplinary team as required in §483.21(b)(2)(ii).



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§483.60(c)(3) Food and Nutrition Services

(c) Menus and nutritional adequacy.

Menus must-

- (1) Meet the nutritional needs of residents in accordance with established ${\bf national\ guidelines.};$
- (2) Be prepared in advance;
- (3) Be followed;
- (4) Reflect, based on a facility's reasonable efforts, the religious, cultural, and ethnic needs of the resident population, as well as input received from residents and resident groups;
- (5) Be updated periodically;
- $\begin{tabular}{ll} \textbf{(6)} Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and \end{tabular}$
- (7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices.



§483.60(d)Food and Nutrition Services

(d) Food and drink.

- · Each resident receives and the facility provides-
- (1) Food prepared by methods that conserve nutritive value, flavor, and appearance;
- (2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature;
- (3) Food prepared in a form designed to meet individual needs:
- (4) Food that accommodates resident allergies, intolerances, and preferences;
- (5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; and
- (6) Drinks, including water and other liquids consistent with resident needs and preferences and sufficient to maintain resident hydration.

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§483.60(e)Food and Nutrition Services

(e) Therapeutic diets.

- (1) Therapeutic diets must be prescribed by the attending physician.
- (2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State

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§483.60(f)Food and Nutrition Services

(f) Frequency of meals.

- (1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care.
- (2) There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span.
- (3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at nontraditional times or outside of scheduled meal service times, consistent with the resident plan of care.

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§483.60 Food and Nutrition Services

- (g) Assistive devices
- (h) Paid feeding assistants

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§483.60 (i) Food and Nutrition Services

(i) Food safety requirements.

The facility must-

- (1) Procure food from sources approved or considered satisfactory by federal, state, or local authorities;
 - (i) This may include food items obtained directly from local producers subject to State and local laws or regulations.
 - (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and foodhandling practices.
 - (iii) This provision does not preclude residents from consuming foods not procured by the facility.

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§483.60 (i) Food and Nutrition Services

• (i) Food safety requirements.

The facility must—

- (2) Store, prepare, distribute, and serve food in accordance with professional standards for food service safety.
- (3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption, and
- (4) Dispose of garbage and refuse properly.



Training Requirements

- §483.95 Training requirements
- Training program for all new and existing staff, individuals providing services under a contractual arrangement and volunteers, consistent with their expected role
 - · Abuse, neglect and exploitation

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ANFP Resource: Professional Practice Standards Serve as the Basis for Quality Dietetic Practice for Dietary Managers.

- View the following ANFP practice standards:
- Practice Standard Documenting in the Medical Record

Practice Standard Estimating Staffing Needs/Practice Standard Calculating FTEs



http://www.anfponline.org/news-resources/standards-of-practice

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Thank You

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Federal Register on 10/04/2016 and available online at:

