NEWS & VIEWS

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Implementation of QAPI for Rules of Participation Phase 3

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When Congress passed the Affordable Care Act (ACA) in 2010, it was the first comprehensive law affecting long-term care (LTC) facilities participating in Medicare and Medicaid to be enacted since the Omnibus Budget Reconciliation Act of 1987's (OBRA '87) Nursing Home Reform Act. The goal of OBRA '87 was to improve and expand quality of care standards for Medicare and Medicaid covered LTC facilities and to improve the oversight and enforcement by state and federal officials.

In 1997, concerns about quality of care problems in LTC facilities were raised by the issuing of over 20 reports from the Government Accountability Office (GAO). In those reports, the GAO expressed concern about inadequate enforcement of federal regulations that protected residents' rights to health, safety, and welfare. This prompted those creating the ACA to include the Nursing Home Transparency and Improvement Act of 2009, the Elder Justice Act, and the Patient Safety and Abuse Prevention Act.

The new ACA requirements had provisions for addressing concerns and outlining the Centers for Medicare & Medicaid Services' (CMS) role in implementing them. The three provisions involved:

- Improving Nursing Home Transparency and Accountability,
- Targeting Enforcement, and
- Prevention of Abuse and Other Crimes Against Nursing Home Residents.

Included in the ACA was a requirement for long-term care (LTC) facilities to have an acceptable QAPI plan within one year after the announcement of the final regulations addressing QAPI requirements. These regulations oblige all LTC facilities to "establish and implement effective, comprehensive, data-driven QAPI programs that focus on systems of care, including indicators of outcomes of care, quality of life, and resident and staff satisfaction." [Lippincott Solutions - "What Are QAPI Programs in Long-Term Care?"]

QAPI News Brief, a CMS publication,describes QAPI as the merging of two concepts of quality management-

Quality Assurance (QA) and Performance Improvement (PI). CMS defines QA as "the process of meeting quality standards and assuring that care reaches an acceptable level" and PI is described as "continuously analyzing your performance and developing systematic efforts to improve it."

The final rule for Requirements of Participation was published in the Federal Register on October 4, 2016, and because of the scope and some complex aspects it contained, CMS spread out the implementation into three phases with different dates-Phase 1, November 28, 2016; Phase 2, November 28, 2017; and Phase 3, November 28, 2019. All three phases of the final Requirements of Participation have QAPI measures to be put into place. The regulations covering QAPI are found in Section 42 CFR § 483.75 of the State Operations Manual, AppendixPP. Phase 1 involved disclosure of information and sanctions and Phase 2 required an LTC facility to present its initial QAPI plan to the State or Federal Agency Surveyor at the annual survey and, if requested, at each subsequent recertification survey. The implementation dates for both of these phases have passed, and LTC facilities should now be well on their way to completing the process for fully implementing their QAPI program for Phase 3.

Overview of QAPI Section 42 CFR § 483.75 Final Requirements of Participation Regulations

Every long-term care (LTC) facility (including those that are part of a company operating multiple facilities) must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program. The focus of the QAPI program must be directed at outcome of care and the quality of life indicators. An LTC facility must maintain documentation that demonstrates it has an ongoing QAPI program.

QAPI plans that successfully fulfill the final Requirements of Participation contain these five elements:

- Design and Scope;
- Governance and Leadership;
- Feedback, Data Systems, and Monitoring;
- Performance improvement projects (PIPs); and
- Systematic Analysis and Systemic Action.

The QAPI program must be tailored to reflect the LTC facility's unique aspects identified in its facility assessment regarding specific units, programs, departments, and the distinctive population it serves. The program must be ongoing regardless of leadership and staffing changes, and it must have sufficient resources that include ensuring adequate staffing, equipment, and necessary training. Identifying and prioritizing problems and situations, overseeing corrective actions to take regarding systemic disparities that occur, and evaluating the effectiveness of actions are all part of the responsibility of the QAPI program. There should be well-defined expectations regarding safety; quality of care; and residents' rights, choices, and respect. The governing body and/or the executive leaders are accountable for maintaining the QAPI program.

A QAPI plan is a written plan containing the process that will be used to direct the LTC facility's efforts to ensure that the desirable level of care and services are maintained. The plan includes a description of how the LTC facility will conduct QAPI/QAA functions. Key components of a QAPI plan are-

- Tracking and measuring performance,
- Establishing goals and maximums and minimums for measuring performance,
- Identifying and prioritizing quality deficiencies,
- Methodically analyzing causes of systemic quality deficiencies,
- Developing and implementing corrective performance improvements or corrective actions, and
- Evaluating and revising, if needed, the effectiveness of corrections and/or performance improvement actions.

An LTC facility is required to maintain a quality assessment and assurance committee (QAA) that meets at least quarterly or more often if needed. This committee coordinates and evaluates the actions and activities of the QAPI program. It is the responsibility of the committee to review regularly and analyze data collected in order to make improvement recommendations. The QAA committee at a minimum should consist of the following:

- Director of Nursing,
- Medical Director or a designee,
- Three or more facility staff members including the Administrator, a board member or another individual in a leadership role, and
- The infection preventionist.

The QAA committee reports to the facility's governing body or the person who functions as the governing body regarding activities and implementation of the QAPI program.

For more information and details on implementing a QAPI program, read

QAPI at a Glance: A Step by Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home-which may be found at:

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPIAtaGlance.pdf

Also, obtain the Med-Net Academy (MNA) tool, Quality Assurance and Performance Improvement How-to-Guide, available on MNA in the CMS Policies and Procedures Section.

"Med-Net Compliance's Fraud Avoidance Courses Are a Good First Line of Defense"

Jo Ann Halberstadter, Esq

ADMINISTRATORS TAKE NOTE

Med-Net Compliance, LLC now offers two series of fraud modules with NAB/NCERS CEs on our website. Modules 1-8 offers 3 NAB CEs and modules 9-16 offer 3.75 CEs. All modules provide education on fraud, waste and abuse prevention and offer a combined total of 6.75 CEs for successful completion.

To review the NAB Accredited courses visit our website:
https://www.mednetcompliance.com/med-net-academy/nab-accredited-courses/

All 16 courses on fraud, waste and abuse were developed by Betty Frandsen, our Vice President of Professional Development and her staff.

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