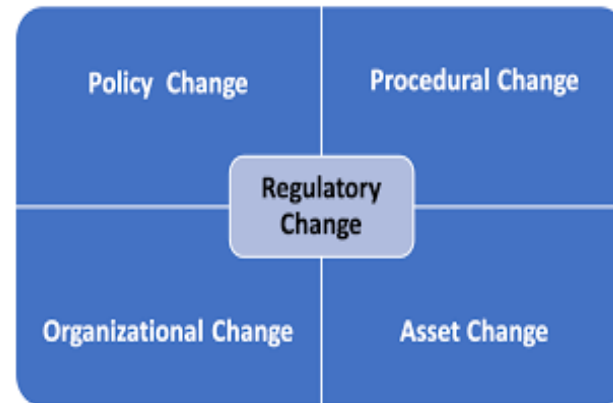


PA DOH Regulation Changes – An Overview

PACAH
August 10, 2022



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Disclaimer

- Lewis Litigation Support and Clinical Consulting, LLC has no commercial sponsorships or endorsements and no conflicts of interest to declare.
- This presentation may include reference to regulatory requirements. The Centers for Medicare and Medicaid Services (CMS) promulgates regulations for the purpose of certification to participate in the Medicare and Medicaid programs. Certification permits the facility to submit claims and receive payment from these programs. The Pennsylvania Department of Health (DOH) promulgates regulations for the purpose of facility licensure to operate. Regulations are not standards of care.





Learning Objectives

- Gain insight into the anticipated changes
- Develop a checklist to ensure compliance
- Identify areas of focus in the facility
- Determine how to obtain the latest updates



The information presented may differ from the slides. The most up-to-date information will be presented as changes continue to occur.



PA Bulletin References



- July 31, 2021
 - 51 Pa.B. 4074
- October 9, 2021
 - 51 Pa.B. 6401
- March 19, 2022
 - 52 Pa.B. 1626
- May 28, 2022
 - 52 Pa.B. 3070



Background

- Increase in seniors in Pennsylvania
- Increase in those needing long-term care services
- Last update in 1997
- Substantial changes in the means of delivering care and providing a safe environment



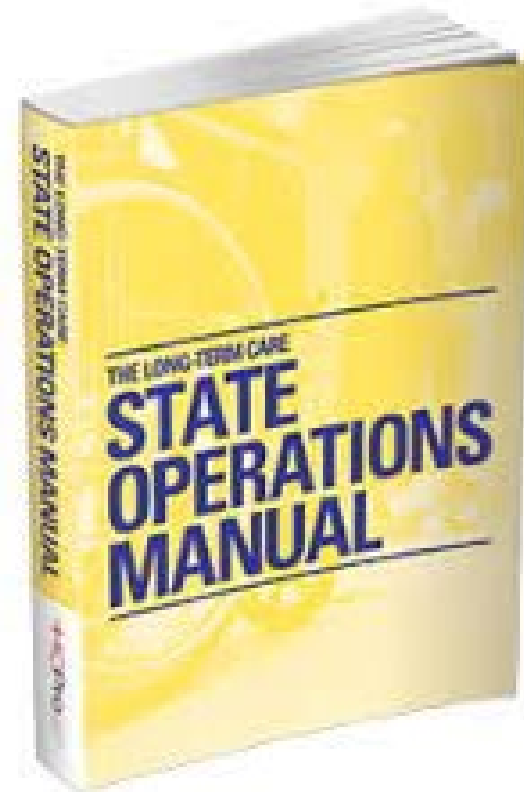
Intent

- Improve quality of care
- Create consistency between Federal and state requirements
- Update existing definitions
- Clarification of staffing needs
- Make the survey process more efficient
- Eliminate confusion in the application of standards



Federal Guidelines

- State Operations Manual Appendix PP
 - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>
- 42 CFR Part 483, Subpart B



Requirements of Participation

- Note that there are changes to the RoP to be effective October 24, 2022
- Continue to monitor the SOM Appendix PP for updates and critical element pathways



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- F557
- F561
- F563
- F578
- F582
- F600
- F604
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- F895
- F919
- F940
- F941
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- F944
- F945
- F946
- F947
- F949



Terminology Deletions

Term	Explanation
Profit or non-profit	Applies to all long-term care facilities
Abuse	Defined in SOM
Administrator	Defined in SOM
Charge Nurse	Defined in SOM
Clinical laboratory	Defined in SOM
Dietician	Defined in SOM
Director of nursing services	Defined in SOM
Elopement	Defined in SOM
Exit or exit way	Defined in SOM



Terminology Deletions

Term	Explanation
Full-time	Defined in SOM
Interdisciplinary team	Defined in SOM
Nurse aide	Defined in SOM
Restraint	Defined in SOM
Social worker	Defined in SOM
Existing facility	Outdated
Locked restraints	Outdated
Medical record practitioner	Outdated
Residential unit	Outdated



Terminology Deletions

Term	Explanation
Resident activities coordinator	Outdated
Responsible person	Outdated
Skilled or intermediate nursing care	Outdated
Audiologist	Definition not necessary
Dietetic service supervisor	Definition not necessary
Occupational therapist	Definition not necessary
Occupational therapy assistant	Definition not necessary



Terminology Deletions

Term	Explanation
Physical therapist	Definition not necessary
Physical therapy assistant	Definition not necessary
Practice of pharmacy	Definition not necessary
Speech/language pathologist	Definition not necessary



Terminology Changes

Old Term	New Term
Proprietary drug	Nonprescription medication
Nonproprietary drug	Prescription medication
Drug	Medication
Licensed medical practitioner	Healthcare practitioner
Nurses' station	Workstation
Bedrooms	Room
Plant (physical location)	Environment
Responsible persons	Resident representatives
Nursing home	Facility
Clinical records	Medical records



Added Terminology

Addition	Definition
LPN	Licensed Practical Nurse
RN	Registered Nurse
Healthcare practitioner	The range of health care professionals that provide care to residents in nursing facilities



§ 201.12 – Application for license of a new facility or change in ownership

- In addition to names and addresses of those required on the application, will add e-mail addresses and phone numbers
- Information is required not only for those who have ownership interest in a facility, but also those that will have ownership or control interest, including the land and/or building



§ 201.12 – Application for license of a new facility or change in ownership

- Will require a corporate history for anyone seeking to operate or assume ownership
- Any person seeking to operate or assume ownership must include a list of every licensed facility, in any state, in which they have had any percentage of interest in the facility
- Licensing and regulatory history in all jurisdictions where there has been direct or indirect ownership or interest in a LTC facility



§ 201.12 – Application for license of a new facility or change in ownership

- Detailed summary of any civil or criminal actions filed
- Information regarding any financial failures
 - Bankruptcy, receivership, assignment, debt consolidation or restructuring, mortgage foreclosure, corporate integrity agreement, sale or closure of facilities
- A catch-all provision
 - Voluntarily inform DOH of any additional information
 - DOH may request additional information



§ 201.12 – Application for license of a new facility or change in ownership

- Paragraphs (1) through (5):
 - Provide a proposed staffing and hiring plan
 - List of participants of the governing body
 - Proposed training plan for staff
 - Proposed emergency preparedness plan that meets requirements
 - Provide proposed standard admissions and discharge agreements
 - Provide a detailed budget for 3 years of operations with generally accepted accounting principles and evidence of access to sufficient capital



§ 201.12 – Application for license of a new facility or change in ownership

- Subsection (d)
 - Would allow an applicant 30 days from the date of denial of an application to cure a defect in the application



§ 201.12a – Evaluation of application for license of a new facility or change in ownership

- Added section to outline the DOH's process for evaluation
- Outlines what determines an approval or denial



§ 201.13 – Issuance of license for a new facility or change in ownership

- Inspection or survey conducted before the issuance of a license for a new facility
- Depending on circumstances, may or may not conduct a survey with a change in ownership



§ 201.13 – Issuance of license for a new facility or change in ownership

- Will add the name and address of the owner of the facility to the license
 - Increase transparency
 - Allowing residents and family members to quickly determine who the owner is and how to contact them
- “Bed type” will be deleted as this requirement is obsolete



§ 201.13a – License renewal

- New section
- Subsection (a)
 - Includes the fee required by the act
- Subsection (b)
 - Specifies the DOH will renew a license after a survey is conducted which indicates facility is in compliance



§ 201.14 – Responsibility of licensee

- Will add need to follow Federal, as well as State and local, minimum standards
- There may be instances, such as during the COVID-19 pandemic, where information is rapidly changing
 - Imperative to follow rules, regulations, and orders being issued



§ 201.14 – Responsibility of licensee

- Subsection (c)
 - Will add “within 24 hours” to report to the appropriate field office with serious incidents
- Subsection (h)
 - Will add “any other information” DOH may require
 - Example – COVID-19 reporting requirements
 - Allowing flexibility for DOH to obtain necessary information for resident safety



§ 201.14 – Responsibility of licensee

- Subsection (j)
 - New section
 - Requiring facilities to conduct a facility assessment as necessary, but at least **quarterly**



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§ 201.15 – Restrictions on a license

- A license shall not be transferable except upon prior written approval from DOH
- A license shall be issued only for the facility (facilities) named in the application
- Subsection (b)
 - Add language to indicate a license is automatically void if anything in paragraphs (1) through (4) occurs



§ 201.17 - Location

- Replace existing verbiage with:
 - “With the approval of the Department, a facility may be located in a building that also offers other health-related services, such as personal care, home health, or hospice services, and may share services such as laundry, pharmacy, and meal preparations. The facility shall be operated as a unit distinct from other health-related services”.



§ 201.18 - Management

- Subsection (c)
 - Change wording to clarify any changes from the information on an application must be reported to the DOH within 30 days by the licensee (not the governing body)
 - Once the license has been approved, then the governing body is responsible to report changes within 30 days
 - Notification to the DOH at least 30 days prior to a transfer involving 5% or more of stock or equity, a change in ownership, and a change in management



§ 201.18 - Management

- Subsection (d.1)

- Added section
- Retain requirement that the administrator be currently licensed and registered in the Commonwealth and be employed full-time
- Remove the requirement existing in subsection (e) regarding sharing an NHA and adding in (d.1):
 - To permit a facility with 25 beds or less to share an administrator provided the DOH is informed of the arrangement, there is a plan in the event of an emergency with the administrator is not working, and there is a readily available method for residents to contact the administrator should they find it necessary



§ 201.18 - Management



- Subsection (h)
 - Requirement that a facility provide the resident with cash, if requested, within 1 day of the request, or with a check, if requested, within 3 days of the request
 - The DOH believes facilities typically have enough cash on hand, or have the ability to obtain cash quickly, therefore, should be able to provide the resident with cash, if requested, within 1 day



§ 201.19 – Personnel records

- Adding the word “facility” before “employee” to clarify that this section applies to employees of the facility and not of an agency



§ 201.19 – Personnel records

- Paragraphs (1) through (9) – requirements to keep in personnel records
 - ➔ ▪ Job description, educational background and employment history
 - ➔ ▪ Employee performance evaluations
 - ➔ ▪ Documentation of current certification, registration or licensure, if applicable, for the position the employee is assigned
 - ➔ ▪ A determination by a health care practitioner that the employee is free from communicable diseases or conditions



§ 201.19 – Personnel records

- Records of the pre-employment health examinations and of subsequent health services rendered to the facility's employees as are necessary to ensure that all employees are physically able to perform their duties
 - Because the use of the term "health status" is vague, the Department is proposing to clarify in regulation that a facility is required to maintain records of pre-employment health examinations and subsequent health services rendered to the facility's employees as are necessary to ensure that all employees are physically able to perform their duties

→ ▪ Documentation of the employee's orientation to the facility and the employee's position prior to or within 1 week of the employee's start date

→ ▪ Documentation of the employee's completion of required trainings



§ 201.19 – Personnel records

- A criminal history record
- In the event of a conviction, a determination of the employee's suitability for employment in the position to which the employee is assigned
 - The Department recognizes that hiring decisions should be made on a case-by-case basis, and are dependent upon individual circumstances, but proposes to require that a facility document its determination, where an employee has a conviction, to demonstrate that the employee's background was considered should a concern arise regarding the employee's suitability for employment



§ 201.2 - Requirements

- Update the citation to the Federal requirements
- Delete the exceptions that are currently listed in this section
- Adopting the Federal requirements in their entirety
- Add language to clarify that a facility may still apply for an exception
- Add language to clarify that a violation of the Federal requirements will be considered a violation at the State level as well



§ 201.20 – Staff development

- Delete “training related to problems, needs and rights of residents”
- Add a cross-reference to the Federal training requirements
- Including from existing subsection (c) accident prevention, RNP techniques, emergency preparedness, fire prevention and safety as additional topics



Staff Development Requirements

Pennsylvania	Federal*
Prevention of resident abuse	Abuse, neglect, and exploitation
Reporting abuse	Dementia management and abuse prevention
Fire prevention and safety	Care of the cognitively impaired
Accident prevention	Training of feeding assistants
Disaster preparedness	Effective communication
Restorative nursing techniques	Resident rights and facility responsibilities
	Infection control
	Compliance and ethics
	Information of elements of QAPI program (F944)
	Behavioral health care and services

*** Necessitates ongoing revisions due to changes in facility resident population, physical environment, staff turnover, and modifications of the facility assessment**



Required in-service training for nurse aides – F947

- Sufficient to ensure the continuing competence of nurse aides but no less than 12 hours per year
- Include dementia management training and resident abuse prevention
- Address areas of weakness as determined in performance reviews and facility assessment
- Care of the cognitively impaired
 - For those aides providing services to individual with cognitive impairment



§ 201.21 – Use of outside resources

- Subsection (e)
 - Replaces existing subsection (d)
 - If a facility acquires employees from outside resources, the facility shall obtain confirmation from the outside resource that the employees are free from communicable diseases and conditions, and they are physically able to perform their duties
 - Includes agency staff
 - DOH is not concerned with what specific conditions an employee may have, only checking to see if the facility has obtained confirmation the employee(s) are able to work with residents



§ 201.22 – Prevention, control and surveillance of tuberculosis (TB)

- Will utilize the CDC guidelines related to TB screening, testing and surveillance
- See *TB Screening and Testing of Health Care Personnel (2021)*
 - <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>



§ 201.23 – Closure of facility

- Aligning with Federal regulations
 - Delete subsection (a) – changing to 60-day notice
 - Delete subsection (b) – notification required to State Survey Agency, State long-term care ombudsman, residents, and responsible parties
 - Delete subsection (c) – Closure plan must be submitted to DOH
 - Follows F845
 - Subsection (g) – Licensee must file proof of financial responsibility with the DOH in the closure plan



§ 201.24 – Admission policy

- Subsection (e)
 - Proposed addition
 - Requiring that the governing body of a facility establish written policies and procedures for the admissions process for residents, and through the administrator, to develop and adhere to procedures implementing those policies
 - To assure citizens receive humane, courteous, and dignified treatment



§ 201.24 – Admission policy

- Include in the P&P:
 - Introduction of residents to at least one member of the professional nursing staff for the unit where the resident will be living and to direct care staff who have been assigned to care for the resident
 - Orientation of the resident to the facility and location of essential services and key personnel to include the dining room, nurses' workstations, and offices for the social worker and grievance or compliance officer
 - A description of facility routines to include nursing shifts, mealtimes and posting of menus
 - Discussion and documentation of the resident's customary routines and preferences to be included in the care plan developed for the resident under 42 CFR 483.21 (relating to comprehensive person-centered care planning)
 - Assistance to the resident, if needed, in creating a homelike environment and settling personal possessions in the room to which the resident has been assigned



§ 201.24 – Admission policy

- Subsection (f)

- Proposed addition
- Will require that the coordination of introductions, orientation and discussions, required under proposed subsection (e), be the responsibility of the facility's social worker, or other delegee designated by the governing body
- The DOH proposes to permit another individual, identified by the governing body, to stand in the shoes of the facility's social worker to perform these tasks as the social worker may not always be available at the time of a resident's admission
- The DOH also proposes to require that the coordination of introductions, orientation and discussions occur within 2 hours of a resident's admission to further ensure that residents are not left on their own for too long after being admitted to a facility



§ 201.26 – Resident representative

- Proposes to allow family members who are employed in the facility to serve as resident representatives, so long as there is no conflict of interest



§ 201.29 – Resident's rights

- Subsection (a)
 - Add a sentence requiring that the written policies established by the governing body include a mechanism for the inclusion of residents in the development, implementation and review of the policies and procedures regarding the rights and responsibilities of residents
 - Effort to promote more resident-centered environments
 - Residents should have some say in how the facility operates



§ 201.29 – Resident's rights

- Subsection (p)
 - Make it clear that a resident has the right to care without discrimination based upon race, color, familial status, religious creed, ancestry, age, sex, gender, sexual orientation, gender identity or expression, national origin, ability to pay, handicap or disability, use of guide or support animals because of the blindness, deafness or physical handicap of the resident or because the resident is a handler or trainer of support or guide animals
 - Mirrors protections under Pennsylvania Human Relations Act (PHRA)



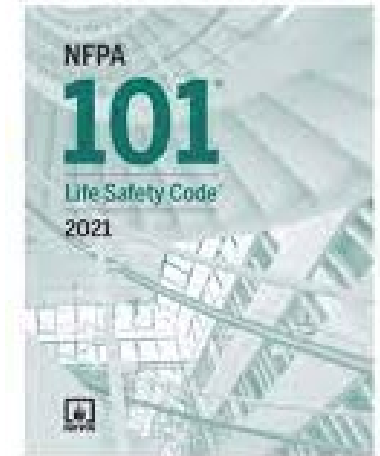
§ 201.29 – Resident's rights

- Clarify that discrimination in the provision of health care based on sexual orientation, gender identity and expression is also prohibited
 - PHRA released in 2018 the interpretation of the word “sex”, may refer to the sex assigned at birth, sexual orientation, transgender identity, gender transition, gender identity, and/or gender expression



§ 203 – Life Safety Code

- Deleting this section
 - Life Safety requirements are incorporated in Federal regulations



*Note – Appendix Z was updated

March 26, 2021 due to the COVID pandemic

<https://www.cms.gov/files/document/qso-21-15-all.pdf>



§ 204.1 – Application of Guidelines for Design and Construction

- Subsection (a)
 - Adopt the 2018 edition of the Facility Guidelines Institute's (FGI) *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities* as the minimum standards
 - NOTE: New editions and updated regulations are published approximately every 4 years
- Subsection (b)
 - Any existing alterations approved prior to the adoption of the FGI guidelines must follow Chapter 205



§ 204.1 – Application of Guidelines for Design and Construction

- Subsection (c)
 - Any facility previously determined to be in compliance, will continue until the time the facility completes alterations, renovations or construction
 - A facility may have different areas that are altered under different standards as updates to the regulation occur (new editions published)
 - Standards in effect at the time of approval will apply until completed or new plan submitted



§ 204.2 Building Plans

- Delete existing § 205.4
- Subsection (a)
 - Licensee (or prospective licensee) may be allowed to present and discuss plans with DOH
- Subsection (b)
 - Any alterations, renovations or construction must start within 2 years of approval and be completed within 5 years
- Subsection (c)
 - Permits a facility to request an extension for good cause



§ 204.2 Building Plans

- Subsection (d)
 - Prohibits a facility from using any part of the facility that has not been occupied or used for 1 year or more
- Subsection (e)
 - Facility must submit architectural plans and blueprints if it intends to occupy or use a space that has not been occupied or used for 1 year or more
 - DOH approval required
 - The opening of the area must meet current standards



§ 204.3 – Buildings; general

- Copying provisions from Chapter 205 to this section with some grammatical/spelling corrections

§ 204.4 - Basement

- Copy language from § 205.7 with minor changes



§ 204.5 – Resident rooms

- Copy language from existing § 205.20 with some additions/changes
- Subsection (b)
 - Basement of facility may not be used for resident rooms
- Subsection (d)
 - A resident shall have a choice in the placement of bed in the room unless that choice presents a safety hazard
- Subsection (f)
 - Copy language from § 205.22 requiring a facility to provide residents with drawers or cabinet that can be locked in the room



§ 204.6 - Locks

- Copy language from § 205.14
 - Doors used by residents may not be locked from the outside when the resident is in the room

§ 204.7 - Laundry

- Copy language from § 205.26
 - Requires facility to have equipment available for residents who wish to do their own laundry



§ 204.8 – Utility room

- Copy language from § 205.33 (a)
 - Delete “near nurses’ station”
 - It is more appropriate to have utility rooms located near resident rooms or other locations where they are needed for easier access



§ 204.9 – Bathing facilities

- Copy provisions from § 205.36
- Subsection (d)
 - Copied from § 205.36(h) – deleting outdated language regarding accessibility and measurements required for the bath area
 - Basic tubs have been phased out for spa-like tubs and tend to have access from two sides rather than three



§ 204.10 – Equipment for bathrooms

- Copied from § 205.37
- Subsection (a)
 - Replace language referring to a specific weight limit for grab bars in tubs and showers with the phrase “to accommodate residents’ needs”
 - Change in language to require LTC facilities to provide grab bars that will accommodate residents of any size and physical or mental condition



§ 204.11 – Toilet room equipment

- Copy language from § 205.39 (b)
- Remove phrase “and an emergency call bell within reaching distance”
 - Following FGI Guidelines – an emergency call device shall be accessible from each toilet, bathtub and shower used by residents
- Replace language for weight limit for handrails and assist bars with “of accommodating the residents’ needs”



§ 204.12 - Linen

- Copy language from § 205.74
 - Requires facility to have available at all times a quantity of linens essential for proper care and comfort of residents

§ 204.13 - Supplies

- Copy language from § 205.75
 - Requires adequate supplies be available at all times to meet residents' needs



§ 204.14 - Windows

- Copy language from § 205.19
 - Screens on windows and restricting the use of certain rooms with windows as resident rooms

§ 204.15 - Dining

- Copy language from § 205.24(a)
 - Delete sentence, “these areas shall be well lighted and well ventilated” as requirements are covered in FGI Guidelines



§ 204.16 – Lounge and recreation

- Copy language from § 205.27
 - Minimum space required for lounge and recreation areas goes above and beyond FGI Guidelines

§ 204.17 - Storage

- Copy language from § 205.31
 - Goes above and beyond FGI Guidelines



§ 204.18 – Plumbing, heating, ventilation, and air conditioning

- Catch-all section replacing the requirements for new construction in §§ 205.61-205.68
- Will require all building systems to comply with all State and local codes



Chapter 205 – Physical Environment and Equipment Standards for Long-Term Care Nursing Facilities Alterations, Renovations or Construction Approved Before

- Alterations approved before 6 months after the effective date of the final rulemaking



§ 205.4 – Building Plans

- Delete section

§ 205.21 – Special care room

- Delete section



§ 205.22 – Placement of beds

- Replace phrase “adequate provisions are made for resident comfort and safety” with, “the resident chooses to do so and the placement does not pose a safety hazard”

§ 207.4 – Ice container and storage

- Delete this section as is addressed in 42 CFR 483.60(i)(2) and F812



§ 209.1 – Fire department service

§ 209.7 – Disaster preparedness

§ 209.8 – Fire drills

- Delete these sections as are outdated



§ 211.11 – Reportable diseases



- Add bed bug infestation to reporting requirements



§ 211.12 – Nursing services

Only nursing, cannot count therapy hours

Direct care minimum PPD 4.1

	Nurses	Aide
Daylight	2 RNs & 1 LPN per 60 residents	1:10
Evening	1 RN & 1 LPN per 60 residents	1:10
Night	1 RN per 60 residents	1:15

Will add language for facilities with more than 540 residents to calculate and provide additional RNs and LPNs



§ 211.16 – Social services

- Require all facilities to have a full-time social worker regardless of size (or number of beds)



§ 211.17 – Pet therapy

- Requires a written policy and procedure to incorporate existing requirements if pet therapy is utilized



§ 211.2 – Medical director

- Title change from “Physician services”
- Retain requirement that the medical director be licensed as a physician in the Commonwealth
- Add a requirement that the medical director complete at least 4 hours of CMEs annually pertinent to post-acute and long-term care medicine



§ 211.3 – Verbal and telephone orders

- Subsection (a)
 - Deleting the word “physician” because physicians are not the only individuals permitted to issue orders under the scope of practice
- Subsection (b)
 - Delete requirement that verbal and telephone orders be dated and countersigned with the original signature within 7 days and replace that they can be dated and countersigned within 48 hours
- Subsection (d)
 - Add “or secure electronic submission” for EHR utilization



§ 211.5 – Medical records

- Subsection (e)
 - Change to “provide to the DOH, within 30 days of providing notice of closure, a plan for the storage and retrieval of medical records”



§ 211.6 – Dietary services

- Subsection (a)
 - Require that menus not only be planned but also posted in the facility or distributed to residents at least 2 weeks in advance
- Subsection (b)
 - Utilize the Federal emergency plan to determine how much food is needed in event of emergency
 - Each facility's needs will be different
 - Requiring a facility to have food on hand for a specific number of days could result in a cost and waste



§ 211.8 – Use of restraints

- Subsection (c.1)
 - New subsection as a replacement for (c)
 - If restraints are used, a facility must ensure that appropriate interventions are in place to safely and adequately respond to resident needs
 - When used, the facility must use the least restrictive alternative for the least amount of time
 - Must document ongoing re-evaluation of the need for restraints



§ 211.8 – Use of restraints

- Subsection (d)
 - Delete the words, “a signed, dated, written” because orders for restraints may be either written or verbal
 - Delete the word “physician” with the phrase “from a physician or physician’s delegee”



TYPES OF RESTRAINTS



§ 211.9 – Pharmacy services

- Subsection (b)
 - Replace “medications shall be” with “facility policies shall ensure that medications are” before “administered by authorized persons”
 - Clarifies that a facility is required to have policies to ensure medications are administered by authorized persons
- Subsection (d)
 - Clarify that orders are required for both prescription and non-prescription medications



§ 211.9 – Pharmacy services

- Subsection (j.1)
 - Require policies and procedures that address:
 - Timely identification and removal of medications for disposition
 - Identification of storage methods for medications awaiting final disposition
 - Control and accountability of medications awaiting final disposition consistent with standards of practice
 - Documentation of actual disposition
 - A method of disposition to prevention diversion or accidental exposure



§ 211.9 – Pharmacy services

- Subsection (l)

- Emergency medicine kit policy and procedure will have “security” and “inventory tracking” included
- Delete phrase “kept to a minimum” because it is more important to have medications in an emergency kit that meet the needs of the residents
- Require the contents of the emergency kit be reviewed not less than annually to be tailored to resident needs
- Delete the need for a breakaway lock as most kits are locked electronically



Requirements of Participation

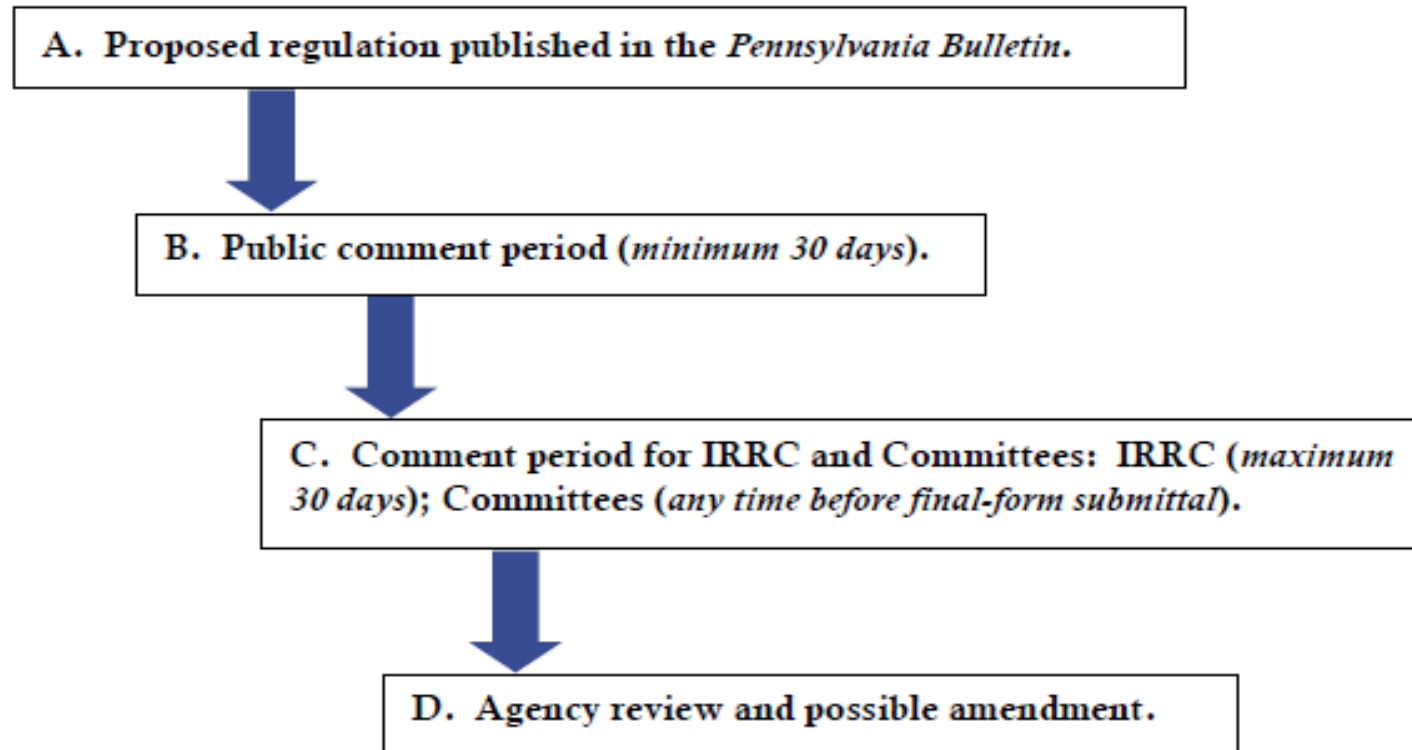
- Reference State Operations Manual Appendix PP
- <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>
- <https://www.cms.gov/files/document/qso-22-19-nh.pdf-0>

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Regulation Change Process

1. PROPOSED REGULATION STAGE: After approval for form and legality by the Attorney General, the agency publishes a proposed regulation in the *Pennsylvania Bulletin* for public review and comment. IRRC and the Committees may also submit comments.



Regulation Change Process

2. FINAL-FORM REGULATION STAGE: The agency submits a regulation and response to comments to the Committees and IRRC for review before publication as a final rule. Commentators also have opportunity to review the final version.

A. Agency submits final-form version of the regulation and response (within two years from close of public comment period).

B. Review period for IRRC and Committees: IRRC (minimum 30 days before voting at public meeting); Committees (up to 24 hours before IRRC public meeting).

C. Office of Attorney General review.

D. Final regulation published in the *Pennsylvania Bulletin*.



Updates

- PA Bulletin
 - <https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/028/subpartIVCtoc.html&d=>
- IRRC
 - http://www.irrc.state.pa.us/regulations/find_a_regulation.cfm
- PA DOH message board
 - <https://sais.health.pa.gov/commonpoc/content/FacilityWeb/FacMsgBoard.asp?Distribution=F&Selection=All>



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Thank You!



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52 Pa.B. 3070

